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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

DADE CITY FL

CITY-ST-ZIF

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE NAME

WARREN FRUIT CO INC

Mailing Address Principal Place of Business 3424 LAND 'O LAKES BLVD. 3424 LAND 'O LAKES BLVD. P.O. BOX 8 P.O. BOX 8 DO NOT WRITE IN THIS SPACE LAND 'O LAKES FL 34639 LAND 'O LAKES FL 34639 3. Date Incorporated or Qualified 11/14/1959 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-0880284 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zφ 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 WARREN, HAROLD F 2511 PASCO ROAD 82 Street Address (P.O. Box Number is Not Acceptable) DADE CITY FL 33539 83 84 Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change neitibbA ... DELETE 1.1 TITLE TITLE WARREN, HAROLD F 1.2 NAME NAME 2511 PASCO ROAD 1.3 STREET ADDRESS STREET ADDRESS DADE CITY FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ncitibbA ... TITLE 2.1 TITLE SHOTT, M. LINDA NAME 2.2 NAME 2456 PASCO ROAD 2.3 STREET ADDRESS STREET ADDRESS DADE CITY FL 2.4 CITY-ST-ZIP CITY-ST-ZIF Change IncitibbA ... DELETE 3.1 TITLE TITLE WARREN, EMILEE 3.2 NAME NAME 2511 PASCO ROAD STREET ADDRESS 3.3 STREET ADDRESS

6.4 CITY - ST - ZIP CHTY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

3.4 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - 7IP

4.1 TITLE

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

4. 2 NAME

DELETE

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Change

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Addition

ncit/bbA

Addition

FILED

Aug 27 1998 8:00am

Secretary of State