FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 323835 (9)

1. Corporation Name
JUICE BOWL PRODUCTS, INC.

Principal Place of Business
2090 BARTOW ROAD
PO BOX 1048
LAKELAND FL 33802

Mailing Address
2090 BARTOW ROAD
PO BOX 1048
LAKELAND FL 33802

3. Date Incorporated or Qualified: 12/08/1967
3a. Date of Last Report: 04/04/1995
4. FEI Number: 59-1195205 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	☐ DELETE
NAME	ABBAS, BAYAT	
STREET ADDRESS	3 GROVERS CT.	
CITY-ST-ZIP	PRINCETON JUNCTION NJ	
TITLE	VP	☐ DELETE
NAME	HALL, BRENDA	
STREET ADDRESS	2105 INDIAN TRAILS	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VS	☐ DELETE
NAME	MILLER, RICHARD V.	
STREET ADDRESS	3819 COUNTRY RD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	S	☒ DELETE
NAME	O'BRIAN, HAROLD S.	
STREET ADDRESS	59 ELLIS DR.	
CITY-ST-ZIP	BELLE MEADE NJ	
TITLE	D	☒ DELETE
NAME	MILLER, HOWARD	
STREET ADDRESS	156 E. LINDEN AVENUE	
CITY-ST-ZIP	ENGLEWOOD NJ	
TITLE	D	☒ DELETE
NAME	POLLACK, CARY N	
STREET ADDRESS	86 CRANBURY NECK ROAD	
CITY-ST-ZIP	CRANBERY NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	XX Change ☐ Addition
1.2 NAME	BAYAT, ABBAS	
1.3 STREET ADDRESS	AVENUE HERMANN DEBROUX 15B	
1.4 CITY-ST-ZIP	1160 BRUSSELS, BELGIUM	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D/S	☐ Change XX Addition
4.2 NAME	RICHARD F. HAMM, JR.	
4.3 STREET ADDRESS	1001 13th AVENUE EAST	
4.4 CITY-ST-ZIP	BRADENTON, FL 34208	
5.1 TITLE	T	☐ Change XX Addition
5.2 NAME	DOUGLAS M. SHANLEY	
5.3 STREET ADDRESS	1001 13th AVENUE EAST	
5.4 CITY-ST-ZIP	BRADENTON, FL 34208	
6.1 TITLE	D	☐ Change XX Addition
6.2 NAME	NEAL B. CRAVENS	
6.3 STREET ADDRESS	1001 13th AVENUE EAST	
6.4 CITY-ST-ZIP	BRADENTON, FL 34208	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Richard V. Miller RICHARD V. MILLER 2-27-96 941-665-5515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)