

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 NOV -6 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # 323 835
1. Corporation Name
JUICE BOWL PRODUCTS, INC.,

Principal Place of Business Mailing Address
2090 Bartow Road Lakeland, Florida 33801 P.O. Box 1048 Lakeland, Florida 33802

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/08/1967	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-11952 05	
22 City & State		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	ABBAS, BAYAT	1.2 NAME	DIVELEY, KENNETH R.
STREET ADDRESS	AVENUE HERMANN DEBROUX 158	1.3 STREET ADDRESS	1001 13TH AVENUE EAST
CITY-ST-ZIP	1160 BRUSSELS BE	1.4 CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	VP	2.1 TITLE	D
NAME	HALL, BRENDA	2.2 NAME	STOFKO, JOHN T.
STREET ADDRESS	2105 INDIAN TRAILS	2.3 STREET ADDRESS	1001 13TH AVENUE EAST
CITY-ST-ZIP	LAKELAND, FL	2.4 CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	VS	3.1 TITLE	VP
NAME	MILLER, RICHARD V.	3.2 NAME	SIMONETTA, ROCCO
STREET ADDRESS	5667 WOODWIND HILLS DRIVE	3.3 STREET ADDRESS	1001 13TH AVENUE EAST
CITY-ST-ZIP	LAKELAND, FL	3.4 CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	DS	4.1 TITLE	VP
NAME	HAMM, RICHARD F.J.	4.2 NAME	800002687598-- 1
STREET ADDRESS	1001 13TH AVENUE EAST	4.3 STREET ADDRESS	-11/13/98--01098--013
CITY-ST-ZIP	BRADENTON, FL	4.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	T	5.1 TITLE	
NAME	SHANLEY, DOUGLAS M.	5.2 NAME	
STREET ADDRESS	1001 13TH AVENUE EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	CRAVENS, NEAL B.	6.2 NAME	
STREET ADDRESS	1001 13TH AVENUE EAST	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL	6.4 CITY-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.

SIGNATURE: _____ DATE: 11/1/98 DAYTIME PHONE: _____

CR2E034 (5/98)