2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 08, 2005 8:00 am Secretary of State **DOCUMENT #323835** 1. Entity Name 04-08-2005 90067 018 ***150.00 JUICE BOWL PRODUCTS, INC. Principal Place of Business Mailing Address 2090 BARTOW ROAD P.O. BOX 1048 LAKELAND, FL 33801 LAKELAND, FL 33802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-1195205 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CID JERRY Whitlock 2150 NORTH OCEAN BLVD, #S2 DVAS TITLE Delete TITLE Addition SIMMERS, TERRY W EVP NAME NAME STREET ADDRESS 11115 WATERFALL LN STREET ADDRESS BOCA RATON, FL 33431 PITISID CITY-ST-ZIP LAKELAND, FL 33803 CITY-ST-ZIP o **⊠** Delete TITLE TITLE ☐ Change Addition PETER ROSSO DEDMON, ROY G VP NAME NAME 8819 SOUTH LAKEWOOD COURT 1522 AUBURN OAKS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AUBURNDALE, FL 33823 CITY+ST-7IP TULSA, OK 74137 DS Delete TITLE TITLE ☐ Change Addition WALTER SACILOWSKI. GRADY, LYNN ~ NAME NAME 11633 South HUDSON COURT STREET ADDRESS 815 S. MISSOURI AVE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33815 CITY-ST-ZIP TULSA, OK 74137 Delete ☐ Change TITLE Addition TITLE NAME GRADY, R. PAUL PRES NAME DAVID MOLLER STREET ADDRESS 1985 GEN ALEXANDER DR STREET ADDRESS 2901 WEST OAKLAND CITY-ST-ZIP MALVERN, PA 19355 CITY-ST-7IP BROKEN ARROW, OK 74012 TITLE Defete TIT1 F Change Addition LINCOLN, SUZANNE G NAME NAME TEDSMITH 9502 SOUTH COLLEGE COURT STREET ADDRESS 2420 MAR EAST STREET ADDRESS CITY-ST-ZIP TIBURON, CA 94920 CITY-ST-7IP TULSA, OK TITLE Delete TITLE Addition CARL, ANDERSON VP NAME NAME KEITH BISHOP STREET ADORESS 3212 OAK TREE LANE STREET ADDRESS 3202 EAST MONTA PLACE CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP MUSKOGEE, OK

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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(918) 478-7107

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

| ANNUAL REPORT | | | | | | | | | | |
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| DOCUMENT # 323835 1. Entity Name | | | | | | | | | | |
| JUICE BOWL PRODUCTS, INC. | | | | | A' | TTACH | MENT | | | |
| Principal Place of Business Mailing Address | | | • | | | | | | | |
| 2090 BARTOW ROAD | | P.O. BOX 1048 | | | H0051183 | | | | | |
| LAKELAND, F | L 33801 | LAKELAND, FL 33802 | | | 7700 | J | | Normali . | | |
| O. Directoral Discorat Dunings | | | | | | , ap | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04012005 Chg | -P CR | 2E034 (10/03) | | | | |
| City & State | | City & State | | | 4. FEI Number 59-1195205 | | ⊢ | ptied For | | |
| Zip Country | | Zip Country | | | 5. Certificate of Status | Desired | \$8.75 Add | litional | | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address | of New Registe | · · · · · · · · · · · · · · · · · · · | | | |
| CT CORPORATION SYSTEM | | | Name | | | | | | | |
| 1200 S. PI | NE ISLAND ROAD | | Street | Address (| P.O. Box Number is Not A | cceptable) | • | | | |
| PLANTATION, FL 33324 | | | | | | | | | | |
| | | | City | | | <u> </u> | FL Zip Code | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| FILE NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | | | | | |
| 10. | OFFICERS AND | | 11. | | ADDITIONS/CHANGE | S TO OFFICERS | AND DIRECTORS | S IN 11 | | |
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| NAME | LINCOLN, SUZANNE G | | NAME | | | | | | | |
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| NAME | CARL, ANDERSON VP | المانان في | NAME | | | | | | | |
| STREET ADDRESS | 3212 OAK TREE LANE | | STREET ADDRESS | • | | | | | | |
| CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP 12 Libereby certify that the information supplied with this filing does not qualify for the exemption s | | | | | ction 119.07(3)(i). Florida | Statutes, I furthe | er certify that the in | nformation | | |
| | | 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kut C But Uf Los Porati Correlle 4/4/05 (918) 478-7107

SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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