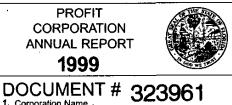
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

ORANGE BARN FRUIT COMPANY INC

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90054 013 ***150.00

r regram alkin dinda kirka adkin dalah dalah dinki dinki dinadi didah dindi dibah dindi 3004

Principal Place	e of Business	Mailing Address				I (AAIAA hina maaa mina mina mi	Al fills billst All)!! ((-B11 (01(01) 0	11871 (881
160 LAMONT R FT PIERCE FL :		160 LAMONT ROAD FT PIERCE FL 34947				DO NOT WRIT	E IN THIS :	SPACE		
						3. Date Incorporated or Qualifed 12/05/1967				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		\Box	Applied	For
21	26					59-1233203		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			5 Addit		
22		27			5. Certificate of otation poor of		Fee	Require	ed	
City & State		City & State 28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curre	ent vear Inta	naible		~
24	25 29 30		30]		Personal Property Tax.	•	Yes		۱o
	9. Name and Address of Current			Γ	***	10. Name and Address of New R	egistered A	gent		
				81	Name					ļ
CARLTON, REUBEN W				82	2 Street Address (P.O. Box Number is Not Acceptable)					
160 LAMONT ROAD				52 Street Address (F.O. Box Humber is Not Acceptable)						
	T_PIERCE, FL			83						
3494	17			84	City			85 2	Zip Code	,
					•		FL		•	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was au	thorized	i by th	named corpor e corporation	ration submits this statement for the 's board of directors. I hereby accep	purpose of o t the appoin	tment a	į its regi s registe	stered ered
SIGNATURE						1 1.4.4	DATE			— I
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent s	signature required v	ADDITIONS/CHANGES TO OFF		D DIRE	CTORS	IN 12
TITLE	PD	DELETE	1.1 π	TLE .				☐ Char		Addition
NAME	CARLTON, REUBEN W	—	1.2 N							}
STREET ADDRESS	160 LAMONT ROAD				DDRESS					
	FT PIERCE, FL 00000									-
CITY-ST-ZIP				1.4 CITY-ST-ZIP 2.1 TITLE				Chan	ige [Addition
NAME			2.2 N	AME						
STREET ADORESS	3782 MCCARTY RD		2.3 \$1	2.3 STREET ADDRESS						
CITY-ST-ZIP	FT PIERCE, FL 00000		2.4 C	ITY-ST-	ZIP					.
TITLE			_	3.1 TITLE				☐ Chan	ige [Addition
NAME	CARLTON, MARGARET		3.2 N	AME						
STREET ADDRESS	160 LAMONT RD		3.3 \$1	TREET A	DORESS					1
CITY-ST-ZIP	FT PIERCE, FL 00000		3.4. C	aty-st-	ZiP					
TITLE	, , , , , , , , , , , , , , , , , , , ,	☐ DELETE	4.1 Ti	TLE				Char	nge [Addition
NAME			4. 2 N	AME						
STREET ADORESS			4.3 ST	TREETA	DORESS					Ì
CITY-ST-ZIP			4.4 Ci	TY-ST-Z	ZIP					
TITLE		☐ DELETE	5.1 TT	TLE				Char	nge [Addition
NAME			5.2 N							
STREET ADDRESS			5.3 S1	TREET A	DDRESS					
CITY-ST-ZIP	<u> </u>			TY-ST-Z	ZIP					
TITLE		☐ DELETE	6.1 TI	TLE				☐ Char	ige [Addition
NAME		•	6.2 N	AME		•				ł
STREET ADDRESS			6.3 ST	TREETA	DDRESS					Ì
CITY-ST-ZIP			6.4 CI	ITY-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, with all other like empowered.

SIGNATURE:

561-461-2817