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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90032 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 326035

1. Corporation Name
M & N FRUIT INC

Principal Place of Business

611 HWY 542
DUNDEE FL 33838
US

Mailing Address

BOX 152
WAVERLY FL 33877

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1968

4. FEI Number

59-1200187

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 8232 180th Ave. N.

Suite, Apt. #, etc.

22 Loxahatchee, FL

City & State

23 33470

Zip

Country

25 USA

2a. Mailing Address

26 P.O. Box # 207

Suite, Apt. #, etc.

27 Loxahatchee, FL

City & State

28 33470

Zip

Country

30 USA

9. Name and Address of Current Registered Agent

MILLER, CHARLES RAY
81 SUNSET VIEW DRIVE
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

81 Name

JOHN P. SAVIN

82 Street Address (P.O. Box

8232

aptable)

180th Ave N.

83

84 City

Loxahatchee

FL

85 Zip Code

33470

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.

JOHN P. SAVIN V.P.

DATE 1/7/99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME MILLER, CHARLES RAY
STREET ADDRESS 81 SUNSET VIEW DRIVE
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☒ DELETE

NAME NEWELL, BILLIE R
STREET ADDRESS 3399 COUNTRY LAKE CIR
CITY-ST-ZIP LAKE WALES FL

TITLE ☒ DELETE

NAME MILLER, LUCILLE H
STREET ADDRESS 81 SUNSET VIEW DRIVE
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☒ DELETE

NAME NEWELL, LOUISE
STREET ADDRESS 3399 COUNTRY LAKE CIR
CITY-ST-ZIP LAKE WALES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME President/Vice President
John P. Savin
1.3 STREET ADDRESS 37 Jerome Avenue
1.4 CITY-ST-ZIP Bloomfield, CT 06002

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 ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

John P. Savin V.P. 1/7/99 5617930871

CR2E034 (11/98)