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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90063 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **334141**

1. Corporation Name

33 FLAVORS OF FLORIDA, INC.

Principal Place of Business

**1800 SECOND ST
STE 890
SARASOTA FL 34236
US**

Mailing Address

**1800 SECOND ST
STE 890
SARASOTA FL 34236
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1968

4. FEI Number

59-1219421

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

21 744 SOUTH ORANGE AVE

Suite, Apt. #, etc.

22

City & State

23 SARASOTA FL

Zip

24 34236

Country

25 USA

2a. Mailing Address

26 P.O. Box 2033

Suite, Apt. #, etc.

27

City & State

28 SARASOTA FL

Zip

29 34230

Country

30 USA

9. Name and Address of Current Registered Agent

**JUNG, WESTON E.
890 1ST FLORIDA BANK BLDG
1800 SECOND ST
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name

JUNG, WESTON E.

82

Street Address (P.O. Box Number is Not Acceptable)

83

744 SOUTH ORANGE AVE

84

City

SARASOTA

FL

85 Zip Code

34236

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **P**

NAME **JUNG, WESTON E.**

STREET ADDRESS **1800 2ND ST**

CITY-ST-ZIP **SARASOTA FL**

TITLE **S** ☐ DELETE

NAME **JUNG, JAN**

STREET ADDRESS **1800 2ND ST**

CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.3 STREET ADDRESS **744 SOUTH ORANGE AVE**

1.4 CITY-ST-ZIP **SARASOTA, FL 34236**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **744 SOUTH ORANGE AVE**

2.4 CITY-ST-ZIP **SARASOTA, FL 34236**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/99 941-366 3666

CR2024 111081