


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # 336049 1. Entity Name NU-WAY FRUIT COMPANY INC			
Principal Place of Business 2905 CENTRAL AVE. ALTURAS, FL 33820 US		Mailing Address P. O. BOX 84 ATURAS, FL 33820 US	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent DUNLAP, GEORGE T 245 SOUTH CENTRAL AVE. BARTOW, FL 33830		DO NOT WRITE IN THIS SPACE	
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 <u>Wanda P. Young</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4-25-07</u> <small>(NOTE: Registered Agent signature required when reissuing)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust: Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST YOUNG, WANDA J 2905 CENTRAL AVE ALTURAS, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV YOUNG, LELAND K 2905 CENTRAL AVE ALTURAS, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUNG, D. SCOTT 5089 SWEET LEAF COURT BARTOW, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Wanda P. Young</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4-25-07</u> <u>863-537-1306</u> <small>Date Daytime Phone #</small>	



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number **59-1221236** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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05/14/07-80036-011 150.00