

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Monihan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **380133** (9)

1. Corporation Name
ORANGE-CO OF FLORIDA, INC.



Principal Place of Business: **2020 US HIGHWAY 17 SOUTH, P.O. BOX 2158, BARTOW FL 33830-2158**

Mailing Address: **2020 US HIGHWAY 17 SOUTH, P.O. BOX 2158, BARTOW FL 33830, US**

3. Date Incorporated or Qualified: **04/08/1971** 3a. Date of Last Report: **01/31/1995**

4. FEI Number: **59-1320991** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

21. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

22. Suite, Apt. #, etc. City & State Zip Country

23. City & State Zip Country

24. Zip: **33830** Country: 25. Zip: **33831-2158** Country: 30. Zip: Country:

9. Name and Address of Current Registered Agent: **ALEXANDER, JOHN R, 2020 US HWY 17 S, BARTOW FL 33830**

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: **FL**

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 agent 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: MOONEY, GENE STREET ADDRESS: 2020 U.S. HWY 17 S. CITY - ST - ZIP: BARTOW FL 33830	<input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE: DC	NAME: GRIFFIN, BEN HILL III STREET ADDRESS: 700 S. ALT. HWY 27 CITY - ST - ZIP: FROSTPROOF FL-	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: GRIFFIN, BEN HILL III 2.3 STREET ADDRESS: 700 S. ALT HWY 27 2.4 CITY - ST - ZIP: FROSTPROOF, FL 33843
TITLE: D	NAME: LESTER, BENARD W STREET ADDRESS: 640 S. MAIN, ST. CITY - ST - ZIP: LABELLE FL 33935	<input type="checkbox"/> DELETE	3.1 TITLE: V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME: NEWLIN, JEROME M. 3.3 STREET ADDRESS: 2020 U.S. HWY 17 S. 3.4 CITY - ST - ZIP: BARTOW, FL 33830
TITLE: VT	NAME: BRUWELHEIDE, DALE A STREET ADDRESS: 2020 US.S HWY 27 S. CITY - ST - ZIP: BARTOW FL 33880	<input type="checkbox"/> DELETE	4.1 TITLE: V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME: CLEMENT, EDWARD T. 4.3 STREET ADDRESS: 2020 U.S. HWY 17 S. 4.4 CITY - ST - ZIP: BARTOW, FL 33830
TITLE: V	NAME: WILLIAMS, CONRAD L. STREET ADDRESS: 2020 US HWY 17 S CITY - ST - ZIP: BARTOW FL 33880	<input type="checkbox"/> DELETE	5.1 TITLE: V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME: MC BEE, BERNARD W. 5.3 STREET ADDRESS: 2020 U.S. HWY 17 S. 5.4 CITY - ST - ZIP: BARTOW, FL 33830
TITLE: DSV	NAME: ALEXANDER, JOHN R. STREET ADDRESS: 2020 U.S. HWY. 17 S. CITY - ST - ZIP: BARTOW FL 33830	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *John R. Alexander* **JOHN R. ALEXANDER** 2/19/96 941-533-0551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)