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Secretary of State

03-29-1999 90095 017 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 380133

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



Principal Place of Business
 2020 US HIGHWAY 17 SOUTH
 BARTOW FL 33830
 US

Mailing Address
 P.O. BOX 2158
 BARTOW FL 33831-2158
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/08/1971

4. FEI Number **59-1320991** Applied For Not Applicable

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

6. Election Campaign Financing **\$5.00** May Be Added to Fees

7. Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 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 **Dale A. Bruwelheide**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **2020 US Hwy. 17 S.**
 84 City **Bartow** FL 85 Zip Code **33830**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOONEY, GENE	
STREET ADDRESS	2020 U.S. HWY 17 S.	
CITY-ST-ZIP	BARTOW FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	GRIFFIN, BEN H III	
STREET ADDRESS	700 SOUTH ALT HWY. 237	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LESTER, BENARD W	
STREET ADDRESS	640 S. MAIN, ST.	
CITY-ST-ZIP	LABELLE FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BRUWELHEIDE, DALE A	
STREET ADDRESS	2020 U.S HWY 27 S.	
CITY-ST-ZIP	BARTOW FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCBEE, BERNARD	
STREET ADDRESS	2020 US HWY 17 S	
CITY-ST-ZIP	BARTOW F,	
TITLE	DSV	<input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, JOHN R.	
STREET ADDRESS	2020 U.S. HWY. 17 S.	
CITY-ST-ZIP	BARTOW FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	V/T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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] 3/11/99 (941) 533-0551
 SIGNATURE AND TITLE OF REGISTERED AGENT, OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

ATTACHMENT TO DOCUMENT #380133

271584-90095-17
380133

PROFIT CORPORATION ANNUAL REPORT - 1999

DOCUMENT # 380133

Orange-co of Florida, Inc.

Section 13. - Officers and Directors - Additions

Title: V
Name: Clement, Edward
Street Address: 2020 US Hwy 17 S
City-ST-ZIP: Bartow, FL 33830

Title: V
Name: Cummins, Wesley
Street Address: 2020 US Hwy 17 S
City-ST-ZIP: Bartow, FL 33830

Title: V
Name: Newlin, Jerome
Street Address: 2020 US Hwy 17 S
City-ST-ZIP: Bartow, FL 33830

SIGNATURE

Dale A. Bruwelheide 3/11/99 (941) 533-0557
Dale A. Bruwelheide Date Daytime Phone #

Dale A. Bruwelheide, VP/CFO