

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90237 022 ***158.75

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DOCUMENT # 381487

1. Corporation Name

FLAVORS FROM FLORIDA, INC.

Principal Place of Business

203 BARTOW MUNICIPAL AIRPORT
BARTOW FL 33830-0203

Mailing Address

203 BARTOW MUNICIPAL AIRPORT
BARTOW FL 33830-0203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1971

4. FEI Number

59-1346578

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

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes

No

9. Name and Address of Current Registered Agent

BENEWAIT, MIKE
2875 CHATSWORTH DRIVE
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name

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

501 SWEET BAY CIRCLE

83

84 City WINTER HAVEN

FL

85 Zip Code 33884

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

TITLE D ☐ DELETE

NAME COLETTI, ROBERT H.
STREET ADDRESS 310 HAMILTON SHORE
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE VP ☐ DELETE

NAME PARKER, LEROY
STREET ADDRESS 2910 LAKE CT
CITY-ST-ZIP LAKELAND FL 33813

TITLE P ☐ DELETE

NAME PRENDES, ROBERT K.
STREET ADDRESS 31302 FAIRWIN DRIVE
CITY-ST-ZIP BAY VILLAGE OH 44140

TITLE VP ☐ DELETE

NAME RAMSEY, RICHARD D.
STREET ADDRESS 5010 RIVER LAKE ROAD
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE VP ☐ DELETE

NAME JAGER, NANCY L
STREET ADDRESS 10369 WHITE ASH TRAIL
CITY-ST-ZIP TWINSBURG OH 44087

TITLE VP ☐ DELETE

NAME BENEWAIT, MIKE
STREET ADDRESS 2875 CHATSWORTH DRIVE
CITY-ST-ZIP LAKELAND FL 33813

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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:

LEROY C. PARKER III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/99 941-533-0408

CR2E034 (11/98)