

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 530026

FILED
Apr 20, 2011
Secretary of State

Entity Name: TROPICAL NUT AND FRUIT, INC.

Current Principal Place of Business:

3368 BARTLETT BLVD
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

PO BOX 617138
ORLANDO, FL 32861

New Mailing Address:

FEI Number: 59-1738630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, VICTOR L
18 WALL STREET
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDCE
Name: BAUER, JOHN R
Address: 1100 CONTINENTAL BLVD
City-St-Zip: CHARLOTTE, NC 28273

Title: D
Name: YORK, GERALD P
Address: 1100 CONTINENTAL BLVD
City-St-Zip: CHARLOTTE, NC 28273

Title: D
Name: YORK, BETTY M
Address: 1100 CONTINENTAL BLVD
City-St-Zip: CHARLOTTE, NC 28273

Title: DVPS
Name: BAUER, ANGELA Y
Address: 1100 CONTINENTAL BLVD
City-St-Zip: CHARLOTTE, NC 28273

Title: DT
Name: BENNETT, CAROLYN Y
Address: 1100 CONTINENTAL BLVD
City-St-Zip: CHARLOTTE, NC 28273

Title: D
Name: YORK, MICHAEL P
Address: 1100 CONTINENTAL BLVD
City-St-Zip: CHARLOTTE, NC 28273

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN R BAUER

PRES

04/20/2011

Electronic Signature of Signing Officer or Director

Date