

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 11, 1999 8:00 am  
Secretary of State

03-11-1999 90202 020 \*\*\*150.00

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DOCUMENT # 530830

1. Corporation Name

SASSY FRUIT COMPANY

Principal Place of Business

SASSY FRUIT COMPANY

601 N. FRANKLIN ST. #500

TAMPA FL 33602

US

Mailing Address

601 N. FRANKLIN ST. #500

TAMPA FL 33602-4438

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1977

4. FEI Number

59-1735130

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

2. Principal Place of Business

21 220 EAST Madison St.

Suite, Apt. #, etc.

22 Suite 500

City & State

23 TAMPA, FLA. 33602

Zip

24 33602

Country

25

2a. Mailing Address

26 220 E. Madison St.

Suite, Apt. #, etc.

27 Suite 500

City & State

28 Tampa, FLA.

Zip

29 33602

Country

30

9. Name and Address of Current Registered Agent

MCCALL, RONALD D

601 N. FRANKLIN ST. 220 E. Madison St

SUITE 500

TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 P ☒ DELETE

NAME MCCALL, RONALD D JR

STREET ADDRESS 601 N. FRANKLIN ST., SUITE 500

CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ DELETE

NAME 220 E. Madison St.

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME MCCALL, RONALD D.

STREET ADDRESS 220 E. Madison St. #500

CITY-ST-ZIP TAMPA, FLA. 33602

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Ronald D. McCall  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99 813228-7611  
Date Daytime Phone #

CR2E034 (11/98)