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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 589224 (5)

1. Corporation Name
LANIER FRUIT, INC.



Principal Place of Business Mailing Address
~~RT 1 BOX 275~~ 247 CAUSEY RD.
LANIER RD. WAUCHULA, FL.
ZOLFO SPRINGS FL 33890 33873

3. Date Incorporated or Qualified 10/12/1978
3a. Date of Last Report 04/30/1996

2. Principal Place of Business 2a. Mailing Address
21 247 CAUSEY ROAD 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 WAUCHULA, FLA. 28
Zip Country Zip Country
24 33873 25 HARDEE 29 30

4. FEI Number 59-1860398
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

9. Name and Address of Current Registered Agent
LANIER, MILTON
~~RT 1 BOX 275~~
6894 LANIER RD.
ZOLFO SPRINGS, FL H 33890
10. Name and Address of New Registered Agent
81 Name DENNIS LANIER
82 Street Address (P.O. Box Number is Not Acceptable)
247 CAUSEY ROAD
83 WAUCHULA
84 City
85 Zip Code FL 33873

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANIER, E.M.	1.2 NAME	
STREET ADDRESS	RT 1 BOX 275 LANIER RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ZOLFO SPRINGS FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANIER, FLORENCE	2.2 NAME	
STREET ADDRESS	RT 1 BOX 275 LANIER RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ZOLFO SPRINGS FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANIER, DENNIS	3.2 NAME	
STREET ADDRESS	247 CAUSEY RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	WAUCHULA FL	3.4 CITY - ST - ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANIER, DENNIS	4.2 NAME	
STREET ADDRESS	247 CAUSEY RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	WAUCHULA, FL 33873	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANIER, E.M.	5.2 NAME	
STREET ADDRESS	6894 LANIER RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ZOLFO SPRINGS, FL 33890	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANIER, FLORENCE	6.2 NAME	
STREET ADDRESS	6894 LANIER RD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	ZOLFO SPRINGS, FL 33890	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: E.M. LANIER - D
Date: 4/16/97
941-773-5782
941-735-1372

CR2E034 (9/96)