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FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 696417 (5)
1. Corporation Name
FLORIDA FRESH-PAK CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2020 US HIGHWAY 17 SOUTH BARTOW FL 33830 US		Mailing Address P.O. BOX 2158 BARTOW FL 33831-2158 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 07/28/1981		4. FEI Number 59-2119756	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		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	
9. Name and Address of Current Registered Agent ALEXANDER, JOHN R 2020 U.S. HWY. 17 SOUTH BARTOW FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	11 TITLE	
NAME	MOONEY, GENE	12 NAME	
STREET ADDRESS	2020 US HWY 17 SOUTH	13 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	14 CITY-ST-ZIP	
TITLE	CD	21 TITLE	
NAME	GRIFFIN, BEN HILL III	22 NAME	
STREET ADDRESS	700 S ALT HWY 27	23 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL 33843	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	
NAME	LESTER, W. BERNARD	32 NAME	
STREET ADDRESS	640 S MAIN ST	33 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935	34 CITY-ST-ZIP	
TITLE	VSD	41 TITLE	
NAME	ALEXANDER, JOHN R	42 NAME	
STREET ADDRESS	2020 US HWY 17 SOUTH	43 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	44 CITY-ST-ZIP	
TITLE	VT	51 TITLE	
NAME	BRUWELHEIDE, DALE A	52 NAME	
STREET ADDRESS	2020 US HWY 17 SOUTH	53 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

SIGNATURE _____ 1-30-98 841-533-0531

CR2E034 (10/97)