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03-24-1999 90091 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **696417**

1. Corporation Name
FLORIDA FRESH-PAK CORPORATION

Principal Place of Business	Mailing Address
2020 US HIGHWAY 17 SOUTH BARTOW FL 33830 US	P.O. BOX 2158 BARTOW FL 33831-2158 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1981

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2119756 ☐ 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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALEXANDER, JOHN R
2020 U.S. HWY. 17 SOUTH
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name: Dale A. Bruwelheide
82 Street Address (P.O. Box Number is Not Acceptable)
83: 2020 US Hwy 17 S
84 City: Bartow **FL** 85 Zip Code: 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: Dale A Bruwelheide VP (NOTE: Registered Agent signature required when reinstating) DATE: 4/2/99
Signature, typed or printed name of registered agent, and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOONEY, GENE		1.2 NAME		
STREET ADDRESS	2020 US HWY 17 SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		1.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, BEN HILL III		2.2 NAME		
STREET ADDRESS	700 S ALT HWY 27		2.3 STREET ADDRESS		
CITY-ST-ZIP	FROSTPROOF FL 33843		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LESTER, W. BERNARD		3.2 NAME		
STREET ADDRESS	640 S MAIN ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL 33935		3.4 CITY-ST-ZIP		
TITLE	VSD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ALEXANDER, JOHN R		4.2 NAME		
STREET ADDRESS	2020 US HWY 17 SOUTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL 33830		4.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	5.1 TITLE	V/T/S	☒ Change ☐ Addition
NAME	BRUWELHEIDE, DALE A		5.2 NAME		
STREET ADDRESS	2020 US HWY 17 SOUTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL 33830		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Dale A Bruwelheide 3/11/99 (941) 533-0551
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) Date Daytime Phone #
Dale A. Bruwelheide, VP/CFO

CR2E034 (11/98)