FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **791113** **(4)**

1. Corporation Name

ORANGE BLOSSOM COOPERATIVE WAREHOUSE, INC.

Principal Place of Business	Mailing Address
1601 NW 55 PLACE **GAINESVILLE FL 32613**	**P.O. BOX 4159** **GAINESVILLE FL 32613**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/14/1980**	3a. Date of Last Report: **04/28/1994**
4. FEI Number: **59-2060339**	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Same	26 Same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 County

9. Name and Address of Current Registered Agent

POLANSKY, BURTON E
1601 NW 55 PLACE
GAINESVILLE FL 32613

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, type or print 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	11 TITLE	PD	☑ Change ☐ Addition
NAME	PINKAM, JOAN	12 NAME	ELWOOD P. HOLZWORTH	
STREET ADDRESS	31 OAK STREET	13 STREET ADDRESS	PO B 197	
CITY ST ZIP	ST. AUGUSTINE FL 32095	14 CITY ST ZIP	FELLSMERE, FL. 32948	
TITLE	SD	21 TITLE	SD	☑ Change ☐ Addition
NAME	UPTAIN, ALLYN	22 NAME	John Kramer Sr.	
STREET ADDRESS	RT 5 BOX 251	23 STREET ADDRESS	914 Palmer St.	
CITY ST ZIP	CHIPLEY FL 32428	24 CITY ST ZIP	St. Augustine, FL 32095	
TITLE	TD	31 TITLE	TD - TREASURER	☑ Change ☐ Addition
NAME	SMITH, DALE	32 NAME	PERRY ROSENFELD	
STREET ADDRESS	5321 N.W. 14TH AVENUE	33 STREET ADDRESS	3915 NW 36 ST.	
CITY ST ZIP	GAINESVILLE FL 32605	34 CITY ST ZIP	GAINESVILLE, FL 32605	
TITLE		41 TITLE	Director	☐ Change ☑ Addition
NAME		42 NAME	Irwin Ray Hanson	
STREET ADDRESS		43 STREET ADDRESS	4223 Cardinal Blvd.	
CITY ST ZIP		44 CITY ST ZIP	Daytona Beach, FL 32127	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elwood P. Holzworth Elwood P. Holzworth 4-22-95 407-571-9938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030400