

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 10:40

DOCUMENT # 800125 (7)

1. Corporation Name

WETUMPKA FRUIT COMPANY

Principal Place of Business

Mailing Address

8650 HASTINGS BLVD.
P O BOX 406
HASTINGS FL 32145-5544

8650 HASTINGS BLVD.
P O BOX 406
HASTINGS FL 32145-5544

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/01/1932
3a. Date of Last Report 02/18/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-0506651

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

10. Name and Address of New Registered Agent

COTTON, WILLIAM
8650 HASTINGS BLVD.
HASTINGS FL 32045

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-----------------|----------------------|
| TITLE | PD |
| NAME | COTTON, WILLIAM R. |
| STREET ADDRESS | 8650 HASTINGS BLVD. |
| CITY - ST - ZIP | HASTINGS FL |
| TITLE | VD |
| NAME | BILLINGS, MARIAN S. |
| STREET ADDRESS | 58 COURT NW |
| CITY - ST - ZIP | LOWELL FL |
| TITLE | D |
| NAME | LEONARD, PHYLLIS E. |
| STREET ADDRESS | 25 STATE RD. #13 |
| CITY - ST - ZIP | JACKSONVILLE FL |
| TITLE | TSD |
| NAME | COTTON, MARY P. |
| STREET ADDRESS | 8650 HASTINGS BLVD. |
| CITY - ST - ZIP | HASTINGS FL |
| TITLE | D |
| NAME | LEONARD, GREGORY |
| STREET ADDRESS | 46 ROSCOE BLVD |
| CITY - ST - ZIP | PONTE VERDA BEACH FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | 32145 |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | 32663 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | 32259 |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | 32145 |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | 32082 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary P. Cotton*

Mary P. Cotton, Treas

2/14/95

904-692-1941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone No.