FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **800125** **(7)**

1. Corporation Name
WETUMPKA FRUIT COMPANY

Principal Place of Business
8650 HASTINGS BLVD.
P O BOX 486
HASTINGS FL 32145-5544

Mailing Address
8650 HASTINGS BLVD.
P O BOX 486
HASTINGS FL 32145-0486

3. Date Incorporated or Qualified: **01/01/1932**
3a. Date of Last Report: **02/16/1996**

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: **59-0506651** 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
COTTON, WILLIAM
8650 HASTINGS BLVD.
HASTINGS FL 32045

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 I 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	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COTTON, WILLIAM R.	1.2 NAME	
STREET ADDRESS	8650 HASTINGS BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HASTINGS FL	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BILLINGS, MARIAN S.	2.2 NAME	
STREET ADDRESS	58 COURT NW	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOWELL FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEONARD, PHYLLIS E.	3.2 NAME	
STREET ADDRESS	25 STATE RD. #13	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	TSD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COTTON, MARY P.	4.2 NAME	
STREET ADDRESS	8650 HASTINGS BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HASTINGS FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	LEONARD, GREGORY	5.2 NAME	
STREET ADDRESS	46 ROSCOE BLVD	5.3 STREET ADDRESS	49 S. Roscoe Blvd.
CITY-ST-ZIP	PONTE VERDA BEACH FL	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 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: Mary P. Cotton — Mary P. Cotton, Treas. — 03/13/97 — 904-692-1941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)

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