

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F21555** (0)

1. Corporation Name
FLORIDA ORANGE BLOSSOM, INC.



Principal Place of Business: **WILL DUKE ROAD P.O. BOX 1087 WAUCHULA FL 33873**
Mailing Address: **WILL DUKE ROAD P.O. BOX 1087 WAUCHULA FL 33873**

3. Date Incorporated or Qualified: **03/02/1981**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2296025**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
State, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
**DAVIS, WILLIAM K
RT 2 WILL DUKE ROAD
WAUCHULA FL**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ DATE: _____
(Both Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	DAVIS, EDGAR L	
3. STREET ADDRESS	RT 2 HWY 664B	
4. CITY-STATE-ZIP	WAUCHULA FL	
5. TITLE	VD	<input type="checkbox"/> DELETE
6. NAME	DAVIS, WILLIAM K	
7. STREET ADDRESS	213 N ILLINOIS AVE	
8. CITY-STATE-ZIP	WAUCHULA FL	
9. TITLE	D	<input type="checkbox"/> DELETE
10. NAME	DAVIS, EDGAR L JR	
11. STREET ADDRESS	RT 1 HWY 664B	
12. CITY-STATE-ZIP	WAUCHULA FL	
13. TITLE	STD	<input type="checkbox"/> DELETE
14. NAME	BEST, GAIL D	
15. STREET ADDRESS	DOUGLAS ROAD	
16. CITY-STATE-ZIP	WAUCHULA FL	
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or in an attachment with an address.

SIGNATURE: William K. Davis William K. Davis 1/15/96 (941) 773-4159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)