

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 07 1997 8:00am  
Secretary of State**

|                                                    |                                                                                   |                                                                                                          |
|----------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Morham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

**DOCUMENT # F21555 (0)**  
1. Corporation Name  
**FLORIDA ORANGE BLOSSOM, INC.**



|                                                                                              |                                                                                       |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>WILL DUKE ROAD<br/>P.O. BOX 1087<br/>WAUCHULA FL 33873</b> | Mailing Address<br><b>WILL DUKE ROAD<br/>P.O. BOX 1087<br/>WAUCHULA FL 33873-1087</b> |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|

|                                                                                                                                                     |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>03/02/1981</b>                                                                                              | 3a. Date of Last Report<br><b>01/28/1996</b>           |
| 4. FEI Number<br><b>59-2296025</b>                                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                        | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>                                                                  | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                                                                                     |                                                                                          |               |               |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------|---------------|
| 2. Principal Place of Business<br>21<br>Suite, Apt #, etc.<br>22<br>City & State<br>23<br>Zip<br>24 | 2a. Mailing Address<br>26<br>Suite, Apt #, etc.<br>27<br>City & State<br>28<br>Zip<br>29 | Country<br>25 | Country<br>30 |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------|---------------|

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  
**Davia William K.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**194 Will Duke Road**  
83  
84 City  
**Wauchula** FL 85 Zip Code  
**33873**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                           |                                            |
|-----------------|---------------------------|--------------------------------------------|
| TITLE           | <b>PD</b>                 | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>DAVIS, EDGAR L</b>     |                                            |
| STREET ADDRESS  | <b>RT 2 HWY 664B</b>      |                                            |
| CITY - ST - ZIP | <b>WAUCHULA FL</b>        |                                            |
| TITLE           | <b>VD</b>                 | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>DAVIS, WILLIAM K</b>   |                                            |
| STREET ADDRESS  | <b>213 N ILLINOIS AVE</b> |                                            |
| CITY - ST - ZIP | <b>WAUCHULA FL</b>        |                                            |
| TITLE           | <b>D</b>                  | <input type="checkbox"/> DELETE            |
| NAME            | <b>DAVIS, EDGAR L JR</b>  |                                            |
| STREET ADDRESS  | <b>RT 1 HWY 664B</b>      |                                            |
| CITY - ST - ZIP | <b>WAUCHULA FL</b>        |                                            |
| TITLE           | <b>STD</b>                | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>BEST, GAIL D</b>       |                                            |
| STREET ADDRESS  | <b>DOUGLAS ROAD</b>       |                                            |
| CITY - ST - ZIP | <b>WAUCHULA FL</b>        |                                            |
| TITLE           |                           | <input type="checkbox"/> DELETE            |
| NAME            |                           |                                            |
| STREET ADDRESS  |                           |                                            |
| CITY - ST - ZIP |                           |                                            |
| TITLE           |                           | <input type="checkbox"/> DELETE            |
| NAME            |                           |                                            |
| STREET ADDRESS  |                           |                                            |
| CITY - ST - ZIP |                           |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                            |                                                                              |
|---------------------|----------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <b>PD</b>                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | <b>Davia, Edgar L</b>      |                                                                              |
| 1.3 STREET ADDRESS  | <b>P.O. Box 1087 (N/A)</b> |                                                                              |
| 1.4 CITY - ST - ZIP | <b>Wauchula, FL 33873</b>  |                                                                              |
| 2.1 TITLE           | <b>VD</b>                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | <b>Davis, William K.</b>   |                                                                              |
| 2.3 STREET ADDRESS  | <b>194 Will Duke Road</b>  |                                                                              |
| 2.4 CITY - ST - ZIP | <b>Wauchula, FL 33873</b>  |                                                                              |
| 3.1 TITLE           |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                            |                                                                              |
| 3.3 STREET ADDRESS  |                            |                                                                              |
| 3.4 CITY - ST - ZIP |                            |                                                                              |
| 4.1 TITLE           | <b>STD</b>                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            | <b>Best, Gail D</b>        |                                                                              |
| 4.3 STREET ADDRESS  | <b>S. Bailey Road</b>      |                                                                              |
| 4.4 CITY - ST - ZIP | <b>Wauchula, FL 33873</b>  |                                                                              |
| 5.1 TITLE           |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                            |                                                                              |
| 5.3 STREET ADDRESS  |                            |                                                                              |
| 5.4 CITY - ST - ZIP |                            |                                                                              |
| 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 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:  **President** 1/21/97 941-773-4159  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)