

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/02/1981		4. FEI Number 59-2296025		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 194 Will Duke Road Suite, Apt #, etc.	2a. Mailing Address 26 P.O. Box 1087 Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
22 P.O. Box 1087 City & State	27 Wauchula, FL 33873 City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24 Zip	25 Country	29 Zip	30 Country	

9. Name and Address of Current Registered Agent DAVIS, WILLIAM K 194 WILL DUKE ROAD WAUCHULA FL 33873		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DAVIS, EDGAR L P.O. BOX 1087 WAUCHULA FL	1.1 TITLE PD	Edgar L. Davis
NAME		1.2 NAME	194 Will Duke Road
STREET ADDRESS		1.3 STREET ADDRESS	Wauchula, FL 33873
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VD	DAVIS, WILLIAM K 194 WILL DUKE ROAD WAUCHULA FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	DAVIS, EDGAR L JR RT 1 HWY 664B WAUCHULA FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE STD	BEST, GAIL D SOUTH BAILEY ROAD WAUCHULA FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: _____ DATE: _____ DAYTIME PHONE # _____

CR2E034 (10/97)