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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Ḥarris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT #

1. Corporation Name

F21555

FLORIDA ORANGE BLOSSOM, INC.

Principal Place of Business 194 Will Duke Road Doy 1007

Mailing Address

P.O. Box 1087

Wanahiila 33873 דים

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90056 030 ***150.00

2. Principal Place of Business 2a Mailing Address 0.3/0.2/1981 Applied For 59-2296025 Not Applicable 50.2 27 Not Applicable 59-2296025 Not Applicable 50.2 27 Not Applicable 50.2 27 Not Applicable 50.2 27 Not Applicable 50.2 27 Not Applicable 50.2 5	P.O. BOX 1087 Wauciiula, Fl. 330/3						DO NOT WRITE IN THIS SPACE					
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Suite, Apt. #, etc. Suite, Apt. #, etc. 27	2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For		
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Added to Pees Zip	27						5. Certificate of Status Desired		Fee Re	quired		
Added to Fees Zip	City & State City & State				6. Election Campaign Financing \$5.00 May			May Be				
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent DAYTS , WILLIAM K 194 Will Duke Road Wauchula , FL 33873 83 64 City FL 85 ZP Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the abover-many of comparison of Sections 607 0502 and 607 1508, Florida Statutes, the abover-many of comparison of Sections 607 0502 and 607 1508, Florida Statutes, the abover-many of comparison of Sections 607 0502 and 607 1508, Florida Statutes, the abover-many of comparison submits this statement for the purpose of changing its registered agent. I am familier with, and accept the collegations of, Section 607 0505, Florida Statutes, the abover-many of comparison submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was submoted by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent or positions agent and the state of Florida Statutes, the abover-many operation in the State of Florida Such change was submoted by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent. The purpose of changing its registered office or registered agent or both, in the State of Florida Such change was submoted by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent or both, in the State of Florida Statutes, the abover-many operation in the state and press of the provision and the state of Florida Statutes. The state and the state	23	- 28					_Trust Fund Contribution		Added t	o Fees		
9. Name and Address of Current Registered Agent DAYTS, WILLIAM K 194 Will Duke Road Watchula, FL 33873 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 agent. I am minimal with, and accept the obligations 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 finalize with, and except the collegations of, Section 97.0505, Florida Statutes. SIGNATURE Signature, typed or primed name or implantes agent and the 7 significants. ### PD OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12. 14. In the primed name or implantes agent and the 7 significants. ### PD OAVIS, EDGAR L 13. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12. 14. In the primed name or implantes agent and the 7 significants. ### PD OAVIS, EDGAR L 13. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12. 12. NAME 13. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12. 14. In the primed name or implantes agent and the 7 significants. 15. NAME 10. NAM	Zip	Country Zip(6. This delipotation area are carron year mengine					_		
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Street Address P.O. Box Number is Not Acceptable	DAWIS.	81	Name									
Wauchula, FL 33873 83						82 Street Address (P.O. Box Number is Not Acceptable)						
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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 chapted, if on an attachment with an address, with all other like empowered.

SIGNATURE:

5/11/99

(941)773 - 4159