

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90128 029 ***150.00

DOCUMENT # F21555
 1. Entity Name
 FLORIDA ORANGE BLOSSOM, INC.

Principal Place of Business: 194 Will Duke Road, P.O. Box 1087, Wauchula, FL 33873
 Mailing Address: P.O. Box 1087, Wauchula, FL 33873

2. Principal Place of Business
 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: 59-2296025
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0062921

6. Name and Address of Current Registered Agent
 DAVIS, WILLIAM K.
 194 Will Duke Road
 Wauchula, FL 33873

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City: FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$500.00
Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, EDGAR L.	
STREET ADDRESS	194 Will Duke Road	
CITY-ST-ZIP	Wauchula, FL 33873	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVIS, WILLIAM K.	
STREET ADDRESS	194 Will Duke Road	
CITY-ST-ZIP	Wauchula, FL 33873	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, EDGAR L. JR.	
STREET ADDRESS	RT 1 HWY 664B	
CITY-ST-ZIP	Wauchula, FL 33873	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BEST, GAIL D.	
STREET ADDRESS	South Bailey Road	
CITY-ST-ZIP	Wauchula, FL 33873	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

(863) 773-4159

Date: _____ Daytime Phone # _____

CR2E034 (11/00)