

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90192 030 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F56195

1. Corporation Name
 BELLE HARBOUR GIFT FRUIT COMPANY



Principal Place of Business
 HIGHWAY 301 NORTH
 DADE CITY FL 33526

Mailing Address
 400 N. TAMPA STREET
 P.O. BOX 1690
 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 11/16/1981

4. FEI Number
 59-2142728

5. Certificate of Status Desired Applied For
 Not Applicable

6. Election Campaign Financing Trust Fund Contribution \$8.75 Additional Fee Required

7. \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

9. Name and Address of Current Registered Agent
 WATERS, ELIZABETH A
 400 N. TAMPA STREET
 TAMPA FL 33602

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	1.1 TITLE	<i>See Attached for Changes/Deletions</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIPPIN, LENNY M	1.2 NAME	
STREET ADDRESS	400 N. TAMPA STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	1.4 CITY-ST-ZIP	
TITLE	PCOO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRERE, MICHAEL L	2.2 NAME	
STREET ADDRESS	400 N. TAMPA STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYCE, SHIRLEY D	3.2 NAME	
STREET ADDRESS	400 N. TAMPA STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	3.4 CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARDI, HARRY G	4.2 NAME	
STREET ADDRESS	400 N. TAMPA STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	4.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALK, JAN G	5.2 NAME	
STREET ADDRESS	400 N. TAMPA STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	5.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, ELIZABETH A	6.2 NAME	
STREET ADDRESS	400 N. TAMPA STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	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, with all other like empowered.

SIGNATURE: *K.S. Johnson* K.S. Johnson, Treasurer 4/22/99 813/223-2981
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

535412-90192-30

F56195

BELLE HARBOUR GIFT FRUIT COMPANY

Highway 301 North
Dade City, FL 33526

Federal Identification No.
59-2142728

Charter No. F56195
Active Corporation

Date of Incorporation
November 16, 1981

Incorporated State of Florida

TITLE	NAME	STREET ADDRESS	CITY/STATE/ZIP
Chief Executive Officer	M. Lenny Pippin	400 N. Tampa St.	Tampa, FL 33602
President and Chief Operating Officer	Michael L. Carrere	400 N. Tampa St.	Tampa, FL 33602
Vice President	Shirley D. Boyce	400 N. Tampa St.	Tampa, FL 33602
Vice President and Chief Financial Officer	Harry G. Leonardi	400 N. Tampa St.	Tampa, FL 33602
Vice President and Secretary	Elizabeth A. Waters	400 N. Tampa St.	Tampa, FL 33602
Treasurer	Kimberly Johnson	400 N. Tampa St.	Tampa, FL 33602
Directors	John A. Brabson, Jr.	400 N. Tampa St.	Tampa, FL 33602
	M. Lenny Pippin	400 N. Tampa St.	Tampa, FL 33602