FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:25

DOCUMENT # F93933 (2)

1. Corporation Name
FLORIDA BLUEBERRIES, INC.

Principal Place of Business	Mailing Address
2801 SW ARCHER RD. GAINESVILLE FL 32608	2801 SW ARCHER RD. GAINESVILLE FL 32608

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
08/09/1982	05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	59-2218327	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

EMMER, PHILIP I.
2801 SW ARCHER ROAD
GAINESVILLE FL 32608

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	VST	1.1 TITLE	T	☒ Change ☐ Addition
NAME	KOTAIT, JOANNE	1.2 NAME	SUSKEY, JOHN T.	
STREET ADDRESS	1605 SW 78TH STREET	1.3 STREET ADDRESS	2801 SW ARCHER ROAD	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	GAINESVILLE, FL	
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	EMMER, PHILIP I	2.2 NAME		
STREET ADDRESS	2736 NW 22ND DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000	2.4 CITY-ST-ZIP		
TITLE	VS	3.1 TITLE	V S D	☒ Change ☐ Addition
NAME	RELLER, ROBERT H.	3.2 NAME		
STREET ADDRESS	8232 SW 47TH ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	EMMER, BARBARA L.	4.2 NAME		
STREET ADDRESS	2736 NW 22ND DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☒ Change ☐ Addition
NAME	EMMER, JODI L	5.2 NAME		
STREET ADDRESS	4629 NW 20TH DRIVVE	5.3 STREET ADDRESS	"REMOVE"	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE	S D	☒ Change ☐ Addition
NAME	MCGRIFF, LORI E	6.2 NAME		
STREET ADDRESS	4721 NW 25TH DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Robert H. Reller 1-31-95 904-376-2444
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0034707 CP