

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90133 048 ***150.00

DOCUMENT # F93933

1. Corporation Name

FLORIDA BLUEBERRIES, INC.

Principal Place of Business

2801 SW ARCHER RD.
GAINESVILLE FL 32608

Mailing Address

2801 SW ARCHER RD.
GAINESVILLE FL 32608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1982

4. FEI Number

59-2218327

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$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

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD ☒ DELETE

NAME AYOUN, PAUL
STREET ADDRESS 2801 SW ARCHER ROAD
CITY-ST-ZIP GAINESVILLE FL

TITLE PD ☐ DELETE

NAME EMMER, PHILIP I
STREET ADDRESS 2736 NW 22ND DR
CITY-ST-ZIP GAINESVILLE, FL 00000

TITLE VD ☐ DELETE

NAME EMMER, BARBARA L.
STREET ADDRESS 2736 NW 22ND DRIVE
CITY-ST-ZIP GAINESVILLE FL

TITLE VD ☐ DELETE

NAME MCGRUFF, LORI E
STREET ADDRESS 4721 NW 25TH DRIVE
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME ROD MUSSELMAN
1.3 STREET ADDRESS 2801 SW ARCHER ROAD
1.4 CITY-ST-ZIP GAINESVILLE FL 32608

2.1 TITLE CD ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE VSD ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 2801 SW ARCHER ROAD
4.4 CITY-ST-ZIP GAINESVILLE FL 32608

5.1 TITLE T ☐ Change ☒ Addition

5.2 NAME KIMBERLY S NAOUMOFF
5.3 STREET ADDRESS 2801 SW ARCHER ROAD
5.4 CITY-ST-ZIP GAINESVILLE FL 32608

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

352-376-2444

Daytime Phone #

CR2E034 (1/98)

0064598