


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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000005746 1. Corporation Name MEDUSA FRUIT COMPANY			
Principal Place of Business Rt. 2, Pioneer Plantation Clewiston, FL 33440		Mailing Address Rt. 2, Box 1210 Clewiston, FL 33440	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Rt. 2, Pioneer Plantation Suite, Apt. #, etc.		2a. Mailing Address 27 Rt. 2, Box 1210 Suite, Apt. #, etc.	
22 City & State 23 Clewiston, FL Zip Country 24 33440 25 Hendry		28 City & State 29 Clewiston, FL Zip Country 30 33440 31 Hendry	
3. Date Incorporated or Qualified 10-17-97		4. FEI Number 56-2052209	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Michael D. Minton 1903 South 25th Street Suite 200 Ft. Pierce, FL 34950		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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	D/C <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	F. James Becher, Jr.	1.1 TITLE	D/P/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	300 N. Greene St., Ste. 2100	1.2 NAME	Carey Soud
CITY-ST-ZIP	Greensboro, NC 27401	1.3 STREET ADDRESS	Rt. 2, Pioneer Plantation, Box 1210
TITLE	P <input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	Clewiston, FL 33440
NAME	William R. Hancock, Jr.	2.1 TITLE	D/T/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Rt. 2, Box 1210	2.2 NAME	Ronald M. Stanley, Jr.
CITY-ST-ZIP	Clewiston, FL 33440	2.3 STREET ADDRESS	300 N. Greene St., Ste. 2100
TITLE	D/V <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	Greensboro, NC 27401
NAME	Earl Johnson, Jr.	3.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6101 Triangle Drive	3.2 NAME	J. Gregory Poole, Jr.
CITY-ST-ZIP	Raleigh, NC 27612	3.3 STREET ADDRESS	4807 Beryl Road
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	Raleigh, NC 27606
NAME		4.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	Charles M. Winston
CITY-ST-ZIP		4.3 STREET ADDRESS	2209 Century Drive, Ste. 300
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	Raleigh, NC 27612
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		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 in an attachment with an address.			
SIGNATURE: <i>Carey Soud</i>		Carey Soud 3/09/98 (941) 983-2135	

CR2E034 (10/97)