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

May 15 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortfing Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4) F97299 ALLEN FRUIT COMPANY, INC. Principal Place of Business Mailing Address 214 ORANGE ST 214 ORANGE ST P O BOX 1065 P O BOX 1065 DO NOT WRITE IN THIS SPACE AUBURNDALE FL 33823 AUBURNDALE FL 33823 3. Date Incorporated or Qualified 08/27/1982 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2235747 Not Applicable Suite, Apt #, etc Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Properly Tax due June 30. Yes 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name 81 ALLEN, JAMES E., JR. 214 ORANGE ST 82 Street Address (P.O. Box Number is Not Acceptable) AUBURNDALE FL 33823 83 84 City 85 Zip Code FL 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 (NOTE Ringistered Agent signature required when reinstating) Signature, typed or ported runn of registered agent and the if applicable DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Addition TITLE NAME ALLEN, JAMES E JR 1.2 NAME 214 ORANGE ST STREET ADDRESS 1.3 STREET ADDRESS AUBURNDALE FI CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE. Change Addition TITLE 21 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TIJLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TIFLE 41 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY - ST- ZIP CITY - ST - ZIP DELETE Addition Change TITLE 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY - ST- ZIP DELETE Change Addition TETLE 61 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 emplowered 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:

FILED