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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G96686

(2)

1. Corporation Name
INTERNATIONAL FRUIT, INC.



Principal Place of Business
2020 U.S. HIGHWAY 17 SOUTH
BARTOW FL 33830

Mailing Address
P.O. BOX 2158
BARTOW FL 33831-2158

3. Date Incorporated or Qualified
04/10/1984

3a. Date of Last Report
03/04/1996

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

4. FEI Number

59-2639355

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

ALEXANDER, JOHN R
2020 U.S. HWY 17 SOUTH
BARTOW FL 33830

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 CD
NAME GRIFFIN, BEN HILL III
STREET ADDRESS 700 S. ALT. HWY 27
CITY-ST-ZIP FROSTPROOF FL 33843

☐ DELETE

TITLE PD
NAME MOONEY, GENE
STREET ADDRESS 2020 U.S. HWY 17 SOUTH
CITY-ST-ZIP BARTOW FL 33830

☐ DELETE

TITLE VSD
NAME ALEXANDER, JOHN
STREET ADDRESS 2020 U.S. HWY 17 SOUTH
CITY-ST-ZIP BARTOW FL 33830

☐ DELETE

TITLE VT
NAME BRUWELHEIDE, DALE A
STREET ADDRESS 2020 U.S. HWY 17 SOUTH
CITY-ST-ZIP BARTOW FL 33830

☐ DELETE

TITLE D
NAME LESTER, W. BERNARD
STREET ADDRESS 640 SOUTH MAIN STREET
CITY-ST-ZIP LABELLE FL 33935

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

John R. Alexander
JOHN R. ALEXANDER

2/19/97

941-533-0551

Date

Daytime Phone

0393411

CR2E034 (9/96)