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FILED  
Feb 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1984

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

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 33835 ☐ 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 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*

CR2E034 (10/97)