

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H65159 (6)

1. Corporation Name

ORANGE BLOSSOM EXPRESS MARKETS, INC.

Principal Place of Business

**400 W. MYRTLE
P.O. BOX 863
FT. MEADE FL 33841**

Mailing Address

**400 W. MYRTLE
P.O. BOX 863
FT. MEADE FL 33841**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified

07/01/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2551196

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 § 190.002,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**WILLIAMS, TERESA D.
107 W BROADWAY
STE A
FORT MEADE FL 33841**

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 of Registered Agent or Director)

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D

**DAVIS, HUGH C.
400 W. MYRTLE AVENUE
FT. MEADE FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D

**MOSS, DAVID T.
400 W. MYRTLE AVENUE
FT. MEADE FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

DST

**DAVIS, DERHETA
400 W. MYRTLE AVENUE
FT. MEADE FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or Supplemental Information 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 officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 as required by the instructions with this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hugh C Davis

4-27-95

813-285-9056