**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # H86186 (4)REYNOLDS FRUIT CO., INC. Principal Place of Business Mailing Address 521 LAKE FRANCIS ROAD 521 LAKE FRANCIS ROAD LAKE PLACID FL 33852 LAKE PLACID FL 33852 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/20/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1124297 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Ζiρ Country 8. This corporation owes or has paid the current year Intangible 24 29 25 30 Personal Property Tax due June 30. ☐ Yes Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 REYNOLDS, CHARLES L., JR. **521 LAKE FRANCIS ROAD** 82 Street Address (P.O. Box Number is Not Acceptable) LAKE PLACID FL 33852 83 84 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change REYNOLDS, CHARLES L., JR NAME 1.2 NAME 521 LAKE FRANCIS RD. STREET ADDRESS 1.3 STREET ADDRESS LAKE PLACID FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE ۷D 2.1 TITLE Change REYNOLDS, ANNE D. NAME 2.2 NAME 521 LAKE FRANCIS RD. 2.3 STREET ADDRESS STREET ADDRESS LAKE PLACID FL 2. 4 CiTY-ST-ZIP CITY - ST - ZIP DELETE Change TITLE 3.1 TITLE REYNOLDS, ANNE D. NAME 3.2 NAME 521 LAKE FRANCIS RD. STREET ADDRESS 3.3 STREET ADDRESS LAKE PLACID FL 3.4. CITY-ST-ZIP CiTY - ST - ZIP Change DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change 5.1 TITLE

Jan 15 1998 8:00am

6.4 CITY - ST- ZIP 14. Thereby 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 coproration or the proposer of trustee and object to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or granged, by an an artischmen) with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

5.4 CITY - ST - ZIP

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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