

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

FILED

**May 06 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 # H99778 (3)

1. Corporation Name
BARBEN FRUIT COMPANY, INC.



Principal Place of Business Mailing Address

% ROBERT H. BARBEN PO BOX 1056, 1146 LAKE LOTELA DRIVE AVON PARK FL 33825

% ROBERT H. BARBEN PO BOX 1056, 1146 LAKE LOTELA DRIVE AVON PARK FL 33825-9735

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		02/11/1986	04/17/1986
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2744700	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
BARBEN, ROBERT H. 1146 LAKE LOTELA DRIVE PO BOX 1058 AVON PARK FL 33825				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BARBEN, ROBERT H. 1146 LAKE LOTELA DRIVE PO BOX 1058 AVON PARK FL 33825				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: *Robert H. Barben* No change 4/14/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P BARBEN, ROBERT H	1.2 NAME	VP John P. Barben
STREET ADDRESS	1146 LAKE LOTELA DRIVE	1.3 STREET ADDRESS	685 Lake Lotela Dr.
CITY - ST - ZIP	AVON PARK FL	1.4 CITY - ST - ZIP	AVON PARK, FL 33825
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ST BARBEN, MARY M	2.2 NAME	VP John G. Whitehead
STREET ADDRESS	1146 LAKE LOTELA DRIVE	2.3 STREET ADDRESS	1601 13th Avenue
CITY - ST - ZIP	AVON PARK FL	2.4 CITY - ST - ZIP	Sebring, FL 33872
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John P. Barben	3.2 NAME	
STREET ADDRESS	1146 Lake Lotela Drive	3.3 STREET ADDRESS	
CITY - ST - ZIP	Avon Park, FL 33825	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John G. Whitehead	4.2 NAME	
STREET ADDRESS	1601 13th Avenue	4.3 STREET ADDRESS	
CITY - ST - ZIP	Sebring, FL 33872	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Robert H. Barben* 4/14/97 941-453-3659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)