

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

FILED

**Feb 27 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 # **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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	02/11/1986	59-2744700	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State	City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
23	28			
Zip	Country	Zip	Country	
24	25	29	30	

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 1056 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBEN, ROBERT H	1.2 NAME	
STREET ADDRESS	1146 LAKE LOTELA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBEN, MARY M	2.2 NAME	
STREET ADDRESS	1146 LAKE LOTELA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, JOHN P	3.2 NAME	
STREET ADDRESS	685 LAKE LOTELA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEHEAD, JOHN G	4.2 NAME	Whitehead, John G.
STREET ADDRESS	1601 13TH AVENUE	4.3 STREET ADDRESS	3721 Creekside Dr.
CITY-ST-ZIP	SEBRING FL 33872	4.4 CITY-ST-ZIP	Sebring, FL 33872
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 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: Mary M. Barben Date: 2-23-98 Daytime Phone #: 94-453-2175

CR2E034 (10/97)