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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J42059

(2)

ORANGE GROVE HONEY COMPANY, INC.

Principal Place	o of Rusinose	Mailing Address							
Principal Place of Business 2249 BASCOM WAY		2249 BASCOM WAY				•			
CLEARWATER FL 34624			CLEARWATER FL 34624-4913						
						3. Date Incorporated or Qualified 11/07/1986		ite of Last R 15/1996	eport
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		plied For	
21		26						t Applicable	
Suite, Apt.	# etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75		
22		27			Fee Hequired				
City & State	0	City & State			6. Election Campaign Financing		\$5.00 Added		
23] <i>Z</i> ip	Country	Zip	Coi	untry	,	Trust Fund Contribution 8. This corporation has liability for i			
24	25	29	30	y			_ ~ ~	Tax under s	. 199.032,
24]	g Name and Address of Currer		30	Т		10. Name and Address of New Re			
KIN	3, AUDREY A.			В1	Name				
	BASCOM WAY		62 Street Ad			ddress (P.O. Box Number is Not Acceptable)			
	ARWATER FL 34624		02	Street Add	iess (F.O. Box Number is Not Acceptab	10)			
V				83		L. L			
				84	City	.,		DE Zio	Code
				54	City		FL	85 Zip	Code
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was a	authoriz <i>e</i>	id bi	v the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of the app	i changing i ointment as	ls registered registered
SIGNATURE									
	Signature, type dioripintled name of registered ag			ed Age	ent signature requ	ired when reinstating)	DATE	DIDECTOR	VO IN 10
12.	DVP	ID DIRECTORS DELETE	13. TE 1.1 TO			ADDITIONS/CHANGES TO OFFIC	EHS ANL	Change	Addition
Trill	MITCHELL, ROBERT A.	L- DECENT		IAME				C Change	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME CTERE T ADSOLUTE	117 OAKWOOD DR.				ADDRESS				
STREET ADDRESS	LARGO FL 34640				ST - ZIP				
CITY-ST-ZIP TITLE	DP DP	DELETE	217)1-2#F			Change	Addition
NAME	KING, CHARLES H		- 1	IAME			-		_
STREET ADORESS	2249 BASCOM WAY				ADDRESS				
CITY-ST-ZIF	CLEARWATER FL 34624				ST- ZIP				
TITLE	ST	DELETE	3.11					Change	☐ Addition
NAME	KING, JR., CHARLES H.			MAME	j				
STREET ADDRESS	2249 BASCOM WAY				T ADDRESS				
C(1) - S(- ZIP	CLEARWATER FL 34624		3.4.	CITY -	ST-ZIP				
TITLE	S	DELETE	4.1 1	TITLE				Change	Addition
NAME	KING, AUDREY A.		4.2	NAME					
STREET AUDRESS	2249 BASCOM WAY		4.3 9	STREET	T ADDRESS				
CITY-S1-ZIP	CLEARWATER FL		440	DITY-	ST-ZIP				
TITLE		DELETE	511	TITLE				Change	Addition
NAME			521	NAME					
STREET ADDRESS			538	STREE	T ADDRESS				
CITY - S1 - ZIP			5.40	CITY-	ST-ZIP				
TITLE		DELETE		TITLE				Change	Addition
NAME			6.21	NAME					
STREET ADDRESS			6.3	STREE	T ADDRESS				
			I						

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 trystee 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.