

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90131 043 ***150.00

DOCUMENT # J65387

1. Corporation Name
REED'S FRUIT CO.

Principal Place of Business

16750 SE HWY C25
P.O. BOX 603, N/A
WEIRSDALE FL 32195
US

Mailing Address

% MEALY W. REED SR JR.
P.O. BOX 603, N/A
WEIRSDALE FL 32195
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1987

4. FEI Number

59-2786215

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

REED, MEALY W. SR.
16750 S.E. HIGHWAY C-25
WEIRSDALE FL 32195

10. Name and Address of New Registered Agent

81 Name REED, MEALY W., JR.

82 Street Address (P.O. Box Number is Not Acceptable)
16750 S.E. HIGHWAY C-25

83

84 City WEIRSDALE

FL

85 Zip Code
32195

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 *Mealy W. Reed, Jr.* Mealy W. Reed, Jr., President

4-28-99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPV ☒ DELETE
NAME REED, MEALY W. SR
STREET ADDRESS PO BOX 603, 16750 SE HWY
CITY-ST-ZIP WEIRSDALE FL

TITLE S ☒ DELETE
NAME REED, MEALY W. SR
STREET ADDRESS PO BOX 603, 16750 SE HWY
CITY-ST-ZIP WEIRSDALE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPST ☒ Change ☐ Addition
1.2 NAME Mealy W. Reed, Jr.
1.3 STREET ADDRESS PO Box 603, 16750 SE HWY
1.4 CITY-ST-ZIP Weirsdale, FL

2.1 TITLE DVP ☐ Change ☐ Addition
2.2 NAME Huey A. *Reed*
2.3 STREET ADDRESS PO Box 603, 16750 SE HWY
2.4 CITY-ST-ZIP Weirsdale, FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Mealy W. Reed, Jr.* President

4-28-99

352/821-2915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)