FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

, PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

.... V64077

(9)

DOCUMENT #
1. Corporation Name

UZZELL HONEY COMPANY, INC.

Principal Place 622 LAKE SE 2248 FIRST (SEBRING FL.	BRING-BLV STREET		2248 FIRST \$	% RICHARD W. WINESETT 2248 FIRST STREET FORT MYERS FL 33901				3. Date Incorporated or Qualified		te of Last Ro	
								3. Date Incorporated or Qualified 02/09/1989	03/07/1995		
2. Principal Pla	ice of Busin	ess	2a. Mading Addr	ess				4. FEt Number 59-2941280			Applied For
		BRING BLVD,	[26]					38-284 1200			Not Applicable
Suite, Apt. #, etc			Suite, Apt. #	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State			City & State	Oity & State				6. Election Campaign Financing \$5.00 May Be			
23 SEBRIN	G, FL	Y	28	+				Trust Fund Contribution	<u> </u>		d to Fees
_{Zφ} 24] 33870	١	Country 25 U.S.A.	Ζφ 29	├ ─¬	unt y	í		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No.			199.032,
24 33070		and Address of Curren	and the second second second	[30]	Τ.			10. Name and Address of New R		Agent	
			, -		81	Nai	me			. =	
	TT, RICH/				82	Str	eet Addres	ss (P.O. Box Number is Not Acceptab	de)		
	RST STRE										
FT MYEI	RS FL 339	701			83						
					84	City	······································			85 Zı	o Code
44 Days 2001	o the area	ions of Postier - COZ CEOS		o Ctabutan Mar -1-	1.	1	d	too o hooit this ot-less at 4 - 41 -	FI		opiator-1 - " -
or registere	ed agent, or	both, in the State of Florid	da. Such change was	authorized by the				tion submits this statement for the pur Lof directors. I hereby accept the app			
	n, and acce	ppt the obligations of, Sect	ion 607.0505, Florida	Statutes.							
SIGNATURE _	Signature typed	For printed name of registers (apert	and the italian cache	(NOTE Responden	 جون Aلي	 r Esgnal	ture responded v	Ahipurtemehiting)	DATE		
12.		OFFICERS AN		13				ADDITIONS/CHANGES TO OFF	ICERS AN	ID DIRECTO	RS IN 12
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NAMÉ		L, FEUX		12	NAME						
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CITY - ST - ZIP	SEBRIR	10 FL	اسار جود. - المارية			ST-712				FT Change	FT Add.c.
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CITY-ST-ZIP						TAJURI ST-ZIP	1.00				
TITLE			DÉL		MID G TIFLE					Change	Addition
NAME					NAME					_ "	-
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CITY ST Z.P						S1 - ZIF					
THTLE			☐ DEL	FTE 4.1	TITLE	• 22. 1				☐ Change	Add-tion
NAME				4 2	NAME						
STREET ADDRESS				4.3	STRIE	LADORI	ESS				
CITY-ST-ZiP	ļ					ST-ZIF					
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NAME					NAVE CID C		200				
STREET ADDRESS						1 ADDR:	: 55				
CITY - ST - ZIP TITLE	 		DEL		1005	\$T 7IP				Change	Addition
NAME			_ 5		NAM:		1				ы
STREET ADDRESS						T ADDR	ESS				
City-St-Zip						S1 - Z#					
14. I do hereb certify that oath; that	í the informa Lam an offi	ation indicated on this anni	ua' report or suppleme oration or the receiver	tarily furnished and ental annual report or trustee empow	d d-x t is tri	es not ue an	d accurate	rthe exemption stated in Section 119 e and that my signature shall have the report as required by Chapter 607, Fl	same leg-	al effect as i	finiade under

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECT

4/23/96-813-385-7237