

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

FILED  
Apr 24 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 # K91193 (8)

1. Corporation Name

SEE'S BLUEBERRIES, INC.

Principal Place of Business

Mailing Address

HAYMAN RD.  
WAUCHULA FL 33873  
US

P.O. BOX 321  
WAUCHULA FL 33873  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1989

4. FEI Number

59-2950868

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 HAYMAN RD

Suite, Apt. #, etc.

22

City & State

23 WAUCHULA, FL

Zip

24 33873

Country

25 FLORIDA

2a. Mailing Address

26 P.O. BOX 321

Suite, Apt. #, etc.

27

City & State

28 WAUCHULA, FL

Zip

29 33873

Country

30 FLORIDA

9. Name and Address of Current Registered Agent

SEE, TOPSY  
401 N 6TH AVE  
WAUCHULA FL 33873

10. Name and Address of New Registered Agent

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 607.0592 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SEE, JACK JR  
STREET ADDRESS RT 2 BOX 171-J  
CITY-ST-ZIP WAUCHULA FL

☐ DELETE

TITLE VD  
NAME SEE, R. BRYAN  
STREET ADDRESS HWY 638A EAST  
CITY-ST-ZIP WAUCHULA FL

☐ DELETE

TITLE D  
NAME SEE, JACK SR  
STREET ADDRESS 401 N 6TH AVE  
CITY-ST-ZIP WAUCHULA FL

☐ DELETE

TITLE STD  
NAME SEE, TOPSY  
STREET ADDRESS 401 N 6TH AVE  
CITY-ST-ZIP WAUCHULA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

Topsy See

4-20-98

941-773-5994

CR2E034 (10/97)