

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
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90012 043 ***150.00

DOCUMENT # K91193

1. Corporation Name
SEE'S BLUEBERRIES, INC.

Principal Place of Business
WAYMAN RD
WAUCHULA FL 33873
US

Mailing Address
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 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

30

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

TOPSY SEE

82 Street Address (P.O. Box Number is Not Acceptable)

211 ORANGE AVE

83

84 City

WAUCHULA

FL

85 Zip Code

33873

11. Pursuant to the provisions of Sections 607.0502 and 607.1808, 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

4-8-99

12. OFFICERS AND DIRECTORS ☐ DELETE

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

TITLE VD
NAME SEE, R. BRYAN
STREET ADDRESS HWY 636A EAST
CITY-ST-ZIP WAUCHULA FL

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 my address, with all other like empowered.

SIGNATURE:

TOPSY SEE

4-8-99 941-773-4943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)

0438024