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

PROFIT CORPORATION ANNUAL REPORT

1997

City & State

HOVEY, DON

4827 S.E. HWY. 70

ARCADIA FL 33821



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L30845

(6)

FILED Apr 30 1997 8:00am Secretary of State

ORANGE RIND, INC.

Country

9. Name and Address of Current Registered Agent

Principal Place of Business	Mailing Address
HOVEY, DON 4827 S.E. HWY. 70 ARCADIA FL 39821 US	HOVEY, DON 4827 S.E. HAYY, 70. ARCADIA FL 8382H US 34266
2. Principal Place of Business	2a. Mailing Address
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City & State

3. Date Incorporated or Qualified 3a. Date of Last Report 11/16/1989 05/01/1996 4. FEI Number Applied For 65-0168731 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

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Zip Code

11. Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutos, the

Country

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Name

City

	m familiar with, and accept the obligation	s of, Section 607.0505, Flo	orida Statutes.	tion's board of directors. Thereby accept the appointment as	rogiolova
SIGNATURE	Signature, typed or printed name of registered agent and	I title if applicable. (NOT)	Registered Agent's geature requi	red when (ginstalling) DATE	
12.	OFFICERS AND DI		I 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12
TITLE	PD	DELETE	1.1 TOLE	Change	Addition
NAME	HOVEY, DON		1.2 NAMÉ		_
STREET ADDRESS	4827 S.E. HWY. 70		1.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL		1.4 CITY - S1 - ZIP		
TITLE		DELETE	2 1 1ITLE	Change	Addition
NAME			2.2 NAME	-	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY - S1 - ZIP		
TITLE		DELFTE	3.1 TITLE	Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CHY-ST-7IP		
TITLE		DELETE	4.1 TITLE	Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY+ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE	Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		!
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	61 INLF	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 City-St-ZiP		

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 logal 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 chapted, or on an attachment with an address.

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