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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # L71757 (3)

1. Corporation Name
ORANGE BLOSSOM INVESTMENTS, INC.

Principal Place of Business	Mailing Address
~~8800 SW 98 ST.~~ ~~MIAMI FL 33156~~ ~~US~~	10800 SR 29. SO. IMMOKALEE FL 33934 US

3. Date Incorporated or Qualified: 05/07/1990
3a. Date of Last Report: 03/03/1995

2. Principal Place of Business
21: 10800 SR 29 So.
22: Suite, Apt. #, etc
23: City & State: Immokalee FL
24: Zip: 33934
25: Country: Collier

2a. Mailing Address
26: Same
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: County

4. FEI Number: 65-0204138 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SAYRE, ROBERT F
~~10800 SR 29 SOUTH~~
~~IMMOKALEE FL 33934~~

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 980 1st Ave N
83: Naples Fl
84 City: **FL** 85 Zip Code: 33934

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 _____ DATE
Signature, typed or printed name of registered agent, and title, if any (Both Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PHILLIPS, JAMES ~~8300 SW 98 STREET~~ ~~MIAMI FL~~	☐ DELETE	1.1 TITL / 1.2 NAM / 1.3 STREET ADDRESS / 1.4 CITY ST-ZIP	Same 10800 SR 29 So. Immokalee FL 33934	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST PHILLIPS, JAMES ~~8300 SW 98 STREET~~ ~~MIAMI FL~~	☐ DELETE	2.1 TITL / 2.2 NAM / 2.3 STREET ADDRESS / 2.4 CITY ST-ZIP	Same 10800 SR 29 So. Immokalee FL 33934	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITL / 3.2 NAM / 3.3 STREET ADDRESS / 3.4 CITY ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITL / 4.2 NAM / 4.3 STREET ADDRESS / 4.4 CITY ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITL / 5.2 NAM / 5.3 STREET ADDRESS / 5.4 CITY ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITL / 6.2 NAM / 6.3 STREET ADDRESS / 6.4 CITY ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: James M. Phillips 4/23/96 941 657-1782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
James M. Phillips