## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 04, 2008 8:00 am Secretary of State

ANNUAL KEPUKI						Secretary of State			
1. Entity Name					02-04-2008 90062 043 ***150.00				
ORCHID	ISLAND JUICE COMPANY	•							
Principal Place	e of Business	Mailing Address	······································						
330 N US HIC		330 N US HIGHWAY #1							
FORT PIERCE	, FL 34950 US	FORT PIERCE, FL 3495	o US						
Principal Place of Business - No P.O. Box # 3. Mailing Address									
z. morpari	race of business - No F.O. Box w	a. Walling Addicas			\$ 100010011 0A	16010 RATE BAN OOMS (18	I BION BIOM DIBN BION MIDM	EUDINGST IT IS BY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152008	Chg-P	CR2E034 (12/0	5)		
City & State		City & State		4. FEI Number 59-3020			Applied For Not Applicable		
Zip Country		Zip Country			1	of Status Desired	\$8.75	Additional	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Fee Requi	ired	
				Name Marygrace M. Sexton					
CARNELL, RICHARD M 1900 OLD DIXIE HWY				Street Address (P.O. Box Number is Not Acceptable)					
FORT PIERCE, FL 34946				330 N. US #1					
<u> </u>					ort Pierc		FL Zip C	34950	
8. The above named entity submits this statement for the purpose of changing its registered office or registered									
the obligations of registered agent.  Marverace M. Sexton  Marverace M. Sexton									
SIGNATURE									
Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financ Trust Fund Contribution.					.00 May Be ded to Fees				
10.	OFFICERS AND	***************************************	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTO		
TITLE NAME	PCED SEXTON, MARY GRACE	Delete	title Name				Chang	e 🔲 Addition	
STREET ADDRESS	330 N US 1		STREET ADDRESS						
CITY-ST-ZIP	FORT PIERCE, FL 34950	<b>5</b>	CITY-ST-ZIP	- <b> </b>		********			
TITLE NAME	NELSON, GREGORY P	<b> </b>	title Name				Chang	e 🔲 Addition	
STREET ADDRESS	1900 OLD DIXIE HWY.		STREET ADDRESS						
CITY-ST-ZIP	FORT PIERCE, FL 34946	<b>⊠</b> Delete	CITY-ST-ZIP	<del> </del>			Change	a Cladellian	
NAME	CARNELL, JR, RICHARD M.	Delete	NAME				☐ Chang	e Maddition	
STREET ADORESS CITY-ST-ZIP	1900 OLD DIXIE HIGHWAY		STREET ADDRESS CITY+ST+ZIP						
TITLE	FORT PIERCE, FL 34946 VPTD	Delete	TITLE				Chang	e 🔲 Addition	
NAME	SEXTON, ROBERT	Delete	NAME						
STREET ADDRESS CITY-ST-ZIP	330 N. US 1 FORT PIERCE, FL 34950		STREET ADDRESS CITY+ST-ZIP						
TITLE	VPS	☐ Delete	TITLE	+			Chang	e 🔲 Addition	
NAME	MARTINELLI, JOHN		NAME						
STREET ADORESS CITY-ST-ZIP	330 N US 1 FORT PIERCE, FL 34950		STREET ADORESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Chang	e Addition	
NAME			NAME					•	
STREET ADDRESS			STREET ADDRESS						

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

Marygrace M. Sexton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/18

Daytime Phone #