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May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N93000003488 (4)

1. Corporation Name

THE D. GLYNN DAVIES-NATIONAL JUICE PRODUCTS ASSO CIATION SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business	Mailing Address
111 E MADISON ST FIRST FLORIDA TOWER SUITE 2300 TAMPA FL 33602	111 E MADISON ST FIRST FLORIDA TOWER SUITE 2300 TAMPA FL 33602

3. Date Incorporated or Qualified: 08/03/1993

4. FEI Number: 59-3205090 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 400 N. Tampa Street, #2300	26 400 N. Tampa Street #2300
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa FL 33602	City & State 28 Tampa, FL 33602
Zip 24 Country 25	Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KERR, DAVID C G MACFARLANE FERGUSON 111 E MADISON ST SUITE 2300 TAMPA FL 33602	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE [signature] DATE 5/8/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FALLER, DON		1.2 NAME		
STREET ADDRESS	732 RIVERBEND BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FILLIUS, MILTON		2.2 NAME		
STREET ADDRESS	18163 VICEROY DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RICE, T. G		3.2 NAME		
STREET ADDRESS	15000 U.S. HWY. 301		3.3 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HERNDON, PHILLIP		4.2 NAME		
STREET ADDRESS	5937 HWY 60 EAST		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LOBUE, PHILIP		5.2 NAME		
STREET ADDRESS	525 E LINDMORE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LINDSAY CA		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROBINETT, BILL		6.2 NAME		
STREET ADDRESS	707 N BARRANCA		6.3 STREET ADDRESS		
CITY-ST-ZIP	COVINA CA		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 5/8/98 813-223-4582