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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003488

1. Corporation Name

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

* 411948 - 90055 - 27 *

Principal Place of Business	Mailing Address
400 N TAMPA ST SUITE 2300 TAMPA FL 33602 US	400 N TAMPA STREET SUITE 2300 TAMPA FL 33602 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/03/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3205090 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KERR, DAVID C G
MACFARLANE FERGUSON
111 E MADISON ST SUITE 2300
TAMPA FL 33602

10. Name and Address of New Registered Agent

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 _____ DATE
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	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED April 23, 1999 941-696-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PHILLIP HERNDON

CR2E037 (11/98)