FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUN 21 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005249 (8)

1. Corporation Name
RAISINS,INC.

Principal Place of Business	Mailing Address
1402 E. CHILKOOT AVENUE TAMPA FL 33612	P.O. BOX 17427 TAMPA FL 33682

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1993	3a. Date of Last Report: 11/03/1994
4. FEI Number: 59-3212491	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 934 7th St North	26
Suite, Apt. #, etc. 22 ~~Apt~~	Suite, Apt. #, etc. 27
City & State 23 St Petersburg, FL	City & State 28
Zip / County 24 33701 / 25 Pinellas	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

~~BELL, FRED~~
~~1402 E. CHILKOOT AVENUE~~
~~TAMPA FL 33612~~

10. Name and Address of New Registered Agent

81 Name [redacted]
82 Street Address (P.O. Box Number is Not Acceptable): 934 7th St N
83
84 City: St Petersburg FL 85 Zip Code: 33701

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: ~~Barbara Lee, PhD Pres~~
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	KROMER, FLOYD	12 NAME	200001521272
STREET ADDRESS	13543 CHERRY TREE LANE	13 STREET ADDRESS	-06/23/95--01004--018
CITY-ST-ZIP	THONOTOSASSA FL 33592	14 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	LEE, BARBARA PHD	22 NAME	
STREET ADDRESS	~~200 AVENUE K, #357~~	23 STREET ADDRESS	934 7th St N.
CITY-ST-ZIP	~~WINTER HAVEN FL 33880~~	24 CITY-ST-ZIP	St Petersburg, FL 33701-1502
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	BELL, FREDRICK B	32 NAME	
STREET ADDRESS	~~1402 E. CHILKOOT AVENUE~~	33 STREET ADDRESS	934 7th St N,
CITY-ST-ZIP	~~TAMPA FL 33612~~	34 CITY-ST-ZIP	St Petersburg, FL 33701-1502
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	STUART, L. DALE	42 NAME	
STREET ADDRESS	3420 SANTIAGO STREET	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CLEMENTS, PAUL R PHD	52 NAME	
STREET ADDRESS	2605 GULF BLVD.	53 STREET ADDRESS	6/21/95 MSF
CITY-ST-ZIP	BELLEAIR BEACH FL 34634	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	GORDON, GERRY	62 NAME	
STREET ADDRESS	1413 S. HOWARD AVE., SUITE 202	63 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	64 CITY-ST-ZIP	

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)(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: Dr Barbara Lee Barbara Lee, PhD 6/12/95 813-974-4187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0095146