FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOOL IMPLIES		10
DOCUMENT #	P93000007274	(2)

GROVELAND JUICE CO., INC.

Principal Place of Business Mailing Address 808 W HORATIO ST **608 W HORATIO ST** SUITE B SUITE B **TAMPA FL 33606** TAMPA FL 33606-2228 3a. Date of Last Report 3. Date Incorporated or Qualified 01/29/1993 01/30/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3176346 21 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Ζφ Country Country $Z_{\rm ID}$ This corporation has liability for intangible tax under s. 199,032, Yes No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TOOLE, DANA G 608 W HORATIO ST 82 Street Address (P.O. Box Number is Not Acceptable) SUITE B 83 TAMPA FL 33606 City Zip Code 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 farmiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or pented name of registerest agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE TOOLE, DANA G 1.2 NAME NAME 608 W HORATIO ST SUITE B STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33606 1.4 CITY-ST-ZIP DITY-ST-ZIP DELETE Change Addition TITLE 2.1 DILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP 2 4 CITY-ST-ZIP DELETE Change ☐ Addition TOLE 3 1 TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 34. CITY-SY-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 THLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SI-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

61 TITLE

6.2 NAME

DELETE

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

14. I do 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 607, Florida Statutes; and that my name

FILED

Jan 28 1997 8:00am

Secretary of State

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY- \$1-79

TITLE NAME

Jan 18, 1997 (352)429-3558

(96/6) R2E034

■ Addition