FILED Mar 10, 2003 8:00 am §

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nat FRUIT GE	0047275			Secretary of State 03-10-2003 90182 033 ***158.75			
859 OSCEOLA AVE- 3655		Mailing Address 3655 NORTHOME ROAD WAYZATA MN 55391-3020	S55 NORTHOME ROAD			1 010 01 1 0013 11001	
2. Principal Place of Business 7400 State Rd. 544 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State					CHECK HERE IF MAKING CHANGES		
win	ter Haven	City & State			4. FEI Number 65-0421420		pplied For ot Applicable
Zip 338		Zip	Country		5. Certificate of Status Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Current F	egistered Agent			7. Name and Address of New Registered	J Agent	
THOMBEO	TA		Name				
THOMPSON, JAMES C/O CLAY TERRY			Street A	Street Address (P.O. Box Number is Not Acceptable)			
	rk avenue			_		_	
LAKE WALES FL 33859			City	y FL Zip Code			
SiGNATURE .	Signature, typed or printed name of registered agent an ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of \$	d little if applicable. (NOTE:	Registered Agent signal		9. Election Campaign Financing		0 May Be
10.	OFFICERS AND D		11.	· · ·	ADDITIONS (CHANGES TO OFFICE TO		
TITLE NAME STREET ADDRESS	ST LILLY, JOHN 3655 NORTHOME ROAD WAYZATA MN 55391	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lill 365	ADDITIONS/CHANGES TO OFFICERS AND SIDENT TOWN TOOMS NORTH OME ROad yzata, MN 55391	D DIRECTORS ☑ Change	S IN 11
STREET ADDRESS CITY-ST-ZIP	P WILSON, DRUID 859 E OSCEOLA AVENUE LAKE WALES FL 33853	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7155	President ore, Kutherine 5 Northone Road 12ata MN 55391	☐ Change	☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14a1	President / S-T lqis, Harry J. Observatory Hill Cinnati OH 45208	☐ Change	Addition
TTLE NAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Change	Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		The transfer of the second	☐ Change	Addition

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 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:

Snatuff, efolyped

612-330-5066