

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 JUL -5 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000058300 (2)
1. Corporation Name
FLORIDA SUN JUICE CORPORATION

Principal Place of Business: **2422 SUNSET DRIVE TAMPA FL 33629**
Mailing Address: **2422 SUNSET DRIVE TAMPA FL 33629**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **2422 SUNSET DRIVE TAMPA FL 33629**
2a. Mailing Address: **2422 SUNSET DRIVE TAMPA FL 33629**

21. State, Apt. #, etc.: **FL**
22. City & State: **Tampa FL**
23. Country: **USA**

3. Date incorporated or Qualified: **08/05/1994**
3a. Date of Last Report: **08/05/1994**

4. FEI Number: **59-3291736**
Approved 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. This corporation has (has not) extended the period to 10/1/95 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**BARKER, GERIANNE
2422 SUNSET DRIVE
TAMPA FL 33629**

10. Name and Address of New Registered Agent

81. Name: **STEVEN J. SKIJSUS**
82. Street Address (P.O. Box Number is Not Applicable): **3405 MCKAY AVE**
83. City: **Tampa**
84. State: **FL** Zip Code: **33609**

81. Name: **STEVEN J. SKIJSUS**
82. Street Address (P.O. Box Number is Not Applicable): **3405 MCKAY AVE**
83. City: **Tampa**
84. State: **FL** Zip Code: **33609**

I, the undersigned, certify that the information furnished on this form is voluntarily furnished and claims not qualify for the exemption stated in Section 139 (2)(3)(b), 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. This form shall be filed with the Department of State and the Secretary of State shall be responsible to prepare this report as required by Chapter 607, Florida Statutes, and that my return represents the best knowledge and belief of the undersigned as of the date of filing with an address.

SIGNATURE: **STEVEN J. SKIJSUS - Vice Pres.** *Steven J. Skijus* **5/16/95**

12. OFFICERS AND DIRECTORS

1101	NAME	
1102	STREET ADDRESS	
1103	CITY, ST, ZIP	
1104	TITLE	
1105	NAME	
1106	STREET ADDRESS	
1107	CITY, ST, ZIP	
1108	TITLE	
1109	NAME	
1110	STREET ADDRESS	
1111	CITY, ST, ZIP	
1112	TITLE	
1113	NAME	
1114	STREET ADDRESS	
1115	CITY, ST, ZIP	
1116	TITLE	
1117	NAME	
1118	STREET ADDRESS	
1119	CITY, ST, ZIP	
1120	TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1201	NAME	V.P. - Steven J. Skijus	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1202	STREET ADDRESS	3405 MCKAY AVE	
1203	CITY, ST, ZIP	Tampa, FL 33609	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1204	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1205	NAME		
1206	STREET ADDRESS		
1207	CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1208	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1209	NAME		
1210	STREET ADDRESS		
1211	CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1212	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1213	NAME		
1214	STREET ADDRESS		
1215	CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1216	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1217	NAME		
1218	STREET ADDRESS		
1219	CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1220	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information furnished on this form is voluntarily furnished and claims not qualify for the exemption stated in Section 139 (2)(3)(b), 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. This form shall be filed with the Department of State and the Secretary of State shall be responsible to prepare this report as required by Chapter 607, Florida Statutes, and that my return represents the best knowledge and belief of the undersigned as of the date of filing with an address.

SIGNATURE: *Steven J. Skijus* - **Steven J. Skijus** **5/16/95** **254-1313**