

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90053 038 ***150.00

DOCUMENT # P94000071434

1. Corporation Name
FLORIDA JUICE, INC.

Principal Place of Business
4100 S. FRONTAGE ROAD
LAKELAND FL 33801

Mailing Address
P.O. BOX 3628
LAKELAND FL 33803



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/28/1994

4. FEI Number
59-3269806

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

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIGSBY, RONALD P
4100 S. FRONTAGE ROAD
LAKELAND FL 33801

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 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

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 P D
NAME GRIGSBY, RONALD P.
STREET ADDRESS 4100 S. FRONTAGE RD.
CITY-ST-ZIP LAKELAND FL

☐ DELETE

1.1 TITLE C D
1.2 NAME E. W. KELLEY
1.3 STREET ADDRESS SUITE 550, 36 SOUTH PENNSYLVANIA
1.4 CITY-ST-ZIP INDIANAPOLIS, IN 46204

☐ Change

☒ Addition

TITLE VT
NAME MINTON, JOHN
STREET ADDRESS 2000 N KINGS HWY
CITY-ST-ZIP FT. PIERCE FL

☒ DELETE

2.1 TITLE SV
2.2 NAME John P. CHAMBERS
2.3 STREET ADDRESS 4100 S FRONTAGE ROAD
2.4 CITY-ST-ZIP LAKELAND, FL

☐ Change

☒ Addition

TITLE S
NAME CHILTON, CHARLES R.
STREET ADDRESS 99 6TH ST
CITY-ST-ZIP WINTER HAVEN FL

☒ DELETE

3.1 TITLE D
3.2 NAME JAMES ROGERS
3.3 STREET ADDRESS P.O. BOX 12969
3.4 CITY-ST-ZIP FT. PIERCE, FL 34979

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE D
4.2 NAME CODY ESTES
4.3 STREET ADDRESS 3705 20TH STREET
4.4 CITY-ST-ZIP VERO BEACH, FL 32960

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE D
5.2 NAME F. HOOD CRADDOCK
5.3 STREET ADDRESS P.O. BOX 158
5.4 CITY-ST-ZIP FROSTPROOF, FL 33843

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☒ Addition

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

Date

Daytime Phone #

4/29/99

941-616-6221

CR2E034 (1/98)