

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000017738 (2)**

1. Corporation Name

FLORIDA'S BOUNTY, INC.



Principal Place of Business

**ASHVILLE HIGHWAY
MONTICELLO FL 32345**

Mailing Address

**P O BOX 1192
MONTICELLO FL 32345**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, 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

**WALTON, SALLY D
ASHVILLE HIGHWAY
MONTICELLO FL 32345**

3. Date Incorporated or Qualified

3a. Date of Last Report

03/03/1995

4. FEE Number

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0102 and 607.1506, 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. Thereby, accept the appointment as registered agent. I am further sworn and accept the obligations of Section 607.0106, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement on behalf of the corporation.

Signature of the person who is authorized to sign this statement on behalf of the corporation.

(Date)

12. OFFICERS AND DIRECTORS

1. NAME
2. TITLE
3. CITY, STATE, ZIP
4. NAME
5. STREET ADDRESS
6. CITY, STATE, ZIP
7. NAME
8. CITY, STATE, ZIP
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**PTD
SANDER, ALICE W
RT 4 BOX 4012
MONTICELLO FL 32344
VSD
WALTON, SALLY D
RT 2 BOX 3
MONTICELLO FL 32344**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, STATE, ZIP
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10. NAME
11. STREET ADDRESS
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97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY, STATE, ZIP

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14. I 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)(a), 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. 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.

SIGNATURE: *Sally D. Walton*
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 *904-997-5110*
Date Telephone

CR2E034 (12/95)