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

DOCUMENT # P95000017738 (2)

FLORIDA'S BOUNTY, INC.

Principal Place of Business

Mailing Address

FILED Jan 21 1997 8:00am Secretary of State



ASHVILLE HIGHWAY MONTICELLO FL 32345		P O BOX 1192 MONTICELLO FL 32345-1192								
						3. Date Incorporated or Qualified 03/03/1995	1	te of Last F		
	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			pplied For	
21		26				59-3300557		N	lot Applicable	
Suite, Apt		Suite, Apt. # etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat		City & State	F1			Election Campaign Financing Trust Fund Contribution				
Zip 24	Country [25]	Zip 29	29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of C	urrent Registered Agent				10. Name and Address of New Reg	istered A	gent		
WALTON, SALLY D				81	Name					
ASHMILE HIGHWAY MONTICELLO FL 32345				82	Street Add	reet Address (P.O. Box Number is Not Acceptable)				
*				83						
			ı	84	City	and the second s	FL		Code	
once or r	registered agent, or both, in the	7.0502 and 607.1508. Florida Stal Stale of Florida Such change wa obligations of, Section 607.0505.	s authorized	l ov	the corpora	poration submits this statement for the pution's board of directors. I hereby accept	rpose of the appo	changing i intment as	its registered s registered	
SIGNATURE.	Signature appears professional and negative	76	Ott: D							
12.		S AND DIRECTORS	13.	Ager	1 signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FDS AND	DIRECTO	BS IN 12	
FIFLE	PTD	DELETE	1.1 Tu	LE		ADDITIONO, OTRANGEO TO CITATO		☐ Change	Addition	
NAMÉ .	SANDER, ALICE W		1 2 NA	ME						
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TIFLE				21 TITLE				Change	Addition	
NAME	WALTON, SALLY D 2		2.2 NA	2.2 NAME				·		
STREET ADDRESS	RT 2 BOX 3			2 3 STREET ADDRESS					·	
Cliv-St-7IP	MONTICELLO FL 32344		2. 4 CI	2. 4 CITY - ST - ZIP						
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NAME			3.2 NA	ME		Tive	.71			
STREET ADDRESS			3.3 ST	REET A	ADDRESS		, ²² ,			
CITY-ST-ZiP			3.4. Cl	TY-SI	r-zip					
TITLE		☐ DELETE	4.1 TIT	ΤE				Change	Addition	
NAME			4. 2 NA	ME						
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NAME			5.2 NAI							
STREET ADDRESS			1		ADDRESS					
CITY ST 202		Dr. rzc	5.4 CIT		- ZiP			— ——		
TITLE		☐ DELETE	6.1 TITI		1		ı	Change	Addition	
NAME STOCK ARGUMENT			6.2 NA							
STREET ADORESS					ADDRESS					
CITY+ST-ZIP	Samuel Control of the section of the		6.4 CIT	Y-SI	- 7IP					

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

SIGNATURE:

SIGNATURE AND JUTTO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 904-997-5110