

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000089165 (1)

1. Corporation Name

M & M FRESH JUICE, INC.



Principal Place of Business

12903 ERYN BLVD.
CLERMONT FL 34711

Mailing Address

12903 ERYN BLVD.
CLERMONT FL 34711

3. Date Incorporated or Qualified

11/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FFL Number

57-3344439

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 the date (date)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT	☐ DELETE
NAME	ROBERT L. MARTIN	
STREET ADDRESS	P.O. BOX 1214 CR. 683 OK 4700	
CITY-ST-ZIP	BUSHNELL FL 33873	
TITLE	VICE PRES.	☐ DELETE
NAME	VIRGIL MILLER	
STREET ADDRESS	BOX 124 LOT 10 GOURDNECK VILLAGE	
CITY-ST-ZIP	KILLBUCK FL 34770	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	

100001891081
-07/11/96--01040--042
***200.00

300001891003
-07/11/96--01040--043
***25.00

14. I do 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)(k), 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 checked, or otherwise attached, with this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-920

CR2E034 (12/95)
05 7/11/91