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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY-ST-ZIP

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FLORIDA DEPARTMENT OF STATE

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Feb 06 1997 8:00am

Secretary of State

1-13-97 352 468 3300

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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BLUEBERRIES OF NORTH FLORIDA, INC.

1666 WILLIAMSBURG SOUARE 1666 WILLIAMSBURG SOUARE LAKELAND FL 33803 **LAKELAND FL 33803-4278** 3. Date Incorporated or Qualified 3a. Date of Last Report 12/13/1995 04/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3362020 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 24 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 NOLAN, JOSEPH J P.A. 1666 WILLIAMSBURG SQUARE Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33803 83 City 84 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, typnid or printed name of registered agent and fine if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) DELETE 1.1 TITLE Change Addition THEF BASS, CHARLES NAME 1.2 NAME RT. 1 BOX 306 B 1.3 STREET ADDRESS STREET ADORESS WAUCHULA FL 33873 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NOLAN, JOSEPH J NAME **2.2 NAME 1666 WILLIAMSBURG SQUARE** 2.3 STREET ADDRESS STREET ADORESS LAKELAND FL 33803 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE SOCIA, BUD NAME 3.2 NAME 2626 DUFF ROAD STREET ADDRESS 3.3 STREET ADDRESS LAKELAND FL 33809 CITY - ST- ZIP 3.4. CITY-\$T-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4, 2 NAME 4.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition THE 5.2 NAME NAME 5.3 STREET ADDRESS SUREL L'ADORESS 5.4 CITY - ST- ZIP CITY-\$1-2IP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 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 charged, or on an attachment with an address.