Jan 2	23	1998)	8:00am
Se	cre	etary	O	of State

FILED
Jan 23 1998 8:00am
Secretary of State

Secretary	of State

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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000018865 (1)

BELL'S BLUEBERRY FARMS, INC.

Principal Place of Business

Mailing Address

18695 NORTH HIGHWAY 96 OKEECHOBEE FL 34972

18695 NORTH HIGHWAY 98

OKEECHOBEE FL 34972

					DO NOT WRITE IN THIS SPACE						
								3. Date Incorporated or Qualified 02/29/1996			
2.	2. Principal Place of Business		2a. Mailing Address				4. FEI Number		olied For		
21	1		26	26			59-2169997	Not	Applicable		
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	**************************************		
23	City & State			City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
24	Zip	Country 25	29	Zip	30 Cou	intry		8. This corporation owes or has paid the cur Personal Property Tax due June 30.		ingible No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
FILINGS, INC.				81	Name						
3732 N.W. 16TH STREET FORT LAUDERDALE FL 33311				82	2 Street Address (P.O. Box Number is Not Acceptable)						
					83	63					
					84	City	FL	85 Zip C	ode		

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) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE DELETE 1.1 TITLE Change Addition BELLOMIO, ANTHONY F NAME 1,2 NAME 18695 NORTH HIGHWAY 98 1.3 STREET ADDRESS STREET ADDRESS OKEECHOBEE FL 34972 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE __ Change TITLE 2.1 TITLE BELLOMIO, JOSEPH R NAME 2.2 NAME 18695 NORTH HIGHWAY 98 2.3 STREET ADDRESS STREET ADDRESS OKEECHOBEE FL 34972 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5,3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST-ZIP CITY - ST- ZIP

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

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