

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # P96000034669 (7)

1. Corporation Name

ORLANDO BOTTLING PRODUCTION, INC.

Principal Place of Business

4575 ST. JOHNS AVENUE
SUITE 4
JACKSONVILLE FL 32210

Mailing Address

4575 ST. JOHNS AVENUE
SUITE 4
JACKSONVILLE FL 32210-1800



2. Principal Place of Business

21 1134 Central Fla Prkwy

Suite, Apt. #, etc.

22

City & State

23 Orlando, FL

Zip

24 32837

Country

25

2a. Mailing Address

26 7563 Philips Hwy.

Suite, Apt. #, etc.

27

Tree Tops Pk-Ste 110

City & State

28 Jacksonville, FL

Zip

29 32256

Country

30

3. Date Incorporated or Qualified

04/22/1996

3a. Date of Last Report

4. FEI Number

93-1212912

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

9. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BLVD.
SUITE 3000
MIAMI FL 33131

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 607.0502 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

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D MOORE, JONATHAN A
STREET ADDRESS 4575 ST. JOHNS AVE. SUITE 4
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Jonathan A. Moore
1.3 STREET ADDRESS 7563 Philips Hwy, The Waterside B
1.4 CITY-ST-ZIP Jacksonville, FL 32256 Ste 110

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Cydelle Mendius
2.3 STREET ADDRESS 7563 Philips Hwy, Ste 110
2.4 CITY-ST-ZIP Jacksonville, FL 32256

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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 changed, or on an attachment with an address.

SIGNATURE:

[Signature] TRAVIS L. LEE
APR 30 97

FILED 34 (9/96)