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FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000086717 (1)

1. Corporation Name
CULLIFER FRUIT, INC.



Principal Place of Business

4100 HIGHWAY 17 NORTH
WAUCHULA FL 33873

Mailing Address

4100 HIGHWAY 17 NORTH
WAUCHULA FL 33873

2. Principal Place of Business

21 1741 U.S. Hwy. 17 N.
Suite, Apt. #, etc.

2a. Mailing Address

26 1741 U.S. Hwy. 17 N.
Suite, Apt. #, etc.

22 City & State

23 Wauchula, FL

24 Zip

33873

Country

25 Hardee

27 City & State

28 Wauchula, FL

29 Zip

33873

Country

30 Hardee

3. Date Incorporated or Qualified

10/18/1996

3a. Date of Last Report

4. FEI Number

59-3408392

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

THORNTON, CHARLES F JR
4100 HIGHWAY 17 NORTH
WAUCHULA FL 33873

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1741 U.S. Hwy. 17 North

84 City

Wauchula

FL

85 Zip Code

33873

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME THORNTON, CHARLES F JR
STREET ADDRESS 3183 NW CR 661-A
CITY-ST-ZIP ARCADIA FL 34268

DELETE

TITLE D
NAME HOLLINGSWORTH, V.C. "CLYDE" JR
STREET ADDRESS P.O. BOX 1020 N/A
CITY-ST-ZIP ARCADIA FL 34265

DELETE

TITLE D
NAME HOLLINGSWORTH, V.C. JR
STREET ADDRESS P.O. BOX 1020 N/A
CITY-ST-ZIP ARCADIA FL 34265

DELETE

TITLE D
NAME MERCER, CARY M
STREET ADDRESS 4644 SE BROWN ROAD
CITY-ST-ZIP ARCADIA FL 34268

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

Charles F. Thornton

4-25-97 941-773-0345

CR2E034 (9/96)