

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 AUG -4 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P97000000932 (8)

1. Corporation Name

CUSTARD APPLE PRODUCTS, INC.

Principal Place of Business

700 E SUGARLAND HWY
CLEWISTON FL 33440

Mailing Address

700 E SUGARLAND HWY
CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/30/1996

3a. Date of Last Report

4. FEI Number

65-0739780

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 509 E. SUGARLAND HWY
Suite, Apt. #, etc.

22 City & State
CLEWISTON, FL

23 Zip Country
33440 HENDRY

24 33440 25 HENDRY

2a. Mailing Address

26 309 E. SUGARLAND HWY
Suite, Apt. #, etc.

27 City & State
CLEWISTON, FL

28 Zip Country
33440 HENDRY

29 33440 30 HENDRY

9. Name and Address of Current Registered Agent

HEALY, WILLIAM
48 SW 1ST
DANIA FL 33004

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME PRESIDENT / VICE PRESIDENT
JAMES B. NELSON
STREET ADDRESS 5583 COLBRIGHT RD
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE ☐ DELETE

NAME SECRETARY / TREASURER
LINDA K. NELSON
STREET ADDRESS 5583 COLBRIGHT RD
CITY-ST-ZIP LAKE WORTH, FL 33467

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500002262375-0
-08/08/97-01140-008
****165.00 ****165.00

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] DATE: 9/2-92-97

CR2E034 (4/97)