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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000026524

Corporation Name
 FRESH 2 U INC-

.

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90204 017 \*\*\*150.00



Principal Place	e of Business "	Mailing Address	. <del></del>			
295 HELLONSO	ON DR	PO BOX 308				
MERRITT ISLAN	ND FL 32953	COCOA FL 32923		DO NOT WOITE IN TH	HE CDACE	
				DO NOT WRITE IN TH  3. Date Incorporated or Qualifed	IIS SPACE	
				03/19/1997		-
9 Principal D	lace of Business	2a. Mailing Address		4. FEI Number	I An	plied For
		— ·		59-3439965	<u> </u>	t Applicable
<u>۱۲۷ (۵۵) (۲۵</u> Suite, Apt.		Suite, Apt. #, etc.			\$8.75	
22	, , , , , , , , , , , , , , , , , , ,	27		5. Certifcate of Status Desired	Fee Re	I .
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00	May Be
23 MEERIH ISland FC		28		Trust Fund Contribution	Added t	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	
329	53 25 U.S.A	29 30	i	Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registers	d Agent	
4114	10. 14814 1444 0		81 Name			
	IS, WILLIAM G		82 Street	Address (P.O. Box Number is Not Acceptable)		
	HELLONSON DR					
MEH	RRITT ISLAND FL 32953		83			
			84 City		. 85 Zip (	Code
				F		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above-named	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	of changing its pointment as re	registered aistered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Florida	Statutes.	· ·		
SIGNATURE				4W-170		
4.4	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	gistered Agent signature	equired when reinstating) DATE		
	OFFICERS AN	ID DIDECTORS	43	ADDITIONS/CHANGES TO DEFICERS	AND DIRECTO	PS IN 12
12.		DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	P/D	ID DIRECTORS	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME	P/D THAIS, WILLIAM G		1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME STREET ADDRESS	P/D Thais, William G P O Box 308 ((N//A))		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Thais, William G P O Box 308 ((N//A)) Cocoa Fl 32923	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P/D THAIS, WILLIAM G P O BOX 308 ((N//A)) COCOA FL 32923 VSTD		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P/D THAIS, WILLIAM G P O BOX 308 ((N//A)) COCOA FL 32923 VSTD LAMANTIA, PAMELA S	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P/D THAIS, WILLIAM G P O BOX 308 ((N//A)) COCOA FL 32923 VSTD LAMANTIA, PAMELA S P O BOX 308 ((N//A))	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D THAIS, WILLIAM G P O BOX 308 ((N//A)) COCOA FL 32923 VSTD LAMANTIA, PAMELA S P O BOX 308 ((N//A)) COCOA FL 32923	☐ DELETE ☐ DELETE ☐ DELETE ☐ DELETE	1.1 TITLE 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 6.1 TITLE 6.1 TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change	Addition Addition Addition Addition

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LONGLESIA GONTANTO UIREI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

4074499184