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Feb 09 1998 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1998**



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

DOCUMENT # P97000049516 (2)

1. Corporation Name

FLORIDA JUICE MARKETERS, INC.



Principal Place of Business

Mailing Address

**99 SIXTH STREET, S.W.
WINTER HAVEN FL 33880**

**99 SIXTH STREET, S.W.
WINTER HAVEN FL 33880**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1997

4. FEI Number

65-0766695

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2000 N. KINGS HIGHWAY

26 P. O. BOX 670

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

23 FT. PIERCE, FL

28 FT. PIERCE, FL

Zip

Country

Zip

Country

24 34951

25 ST. LUCIE

29 34954

30 ST. LUCIE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHILTON, CHARLES R
99 SIXTH STREET, S.W.
WINTER HAVEN FL 33880**

81 Name

JOHN L. MINTON, SR.

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

2000 N. KINGS HIGHWAY

83

84 City

FT. PIERCE

FL

85 Zip Code
34951

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

JOHN L. MINTON, SR.

1/15/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **CHILTON, CHARLES R**
STREET ADDRESS **99 SIXTH STREET, S.W.**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **KELLEY, ESTEL W.**
1.3 STREET ADDRESS **131 WODEN WAY, SE**
1.4 CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
2.2 NAME **JOE L. DAVIS, JR.**
2.3 STREET ADDRESS **2306 U.S. 27 S**
2.4 CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **SECRETARY/TREASURER** ☐ Change ☒ Addition
3.2 NAME **JOHN L. MINTON, SR.**
3.3 STREET ADDRESS **2000 N. KINGS HIGHWAY**
3.4 CITY-ST-ZIP **FT. PIERCE, FL 34951**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOHN L. MINTON, SR.

1-15-98

561-464-3502

CR2E034 (10/97)