FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1	99	6

DOCUMENT # S13869

1. Corporation Name

(0)

BOWEN BROTHERS FRUIT COMPANY, INC.											
Principal Place of Business Mailing Address						A ENGINEER ONE STORM AREAD (MIAN MARIN		U 1933 U U U U CORF (Ribit Albit 1881		
		305 avenue "e" S.W. Winter haven fl 3:									
								3. Date Incorporated or Qualified 11/16/1990		ate of Last Re 01/25/199	
2. Principal Pla	ice of Business	2a.	Mailing Address				4	I. FEI Number	- -	├	Applied For
21		26						59-3035140			Not Applicable
Suite, Apt. #	t, etc.	-	Suite, Apt. #, etc.				!	5. Certificate of Status Desired			Additional Required
City & State		27	City & State					5. Election Campaign Financing	- · · · · - · · ·		0 May Be
23		28	ony a ciais				'	Trust Fund Contribution		,	d to Fees
Zip	Country		Zip	Court	itry			B. This corporation has liability for	intangib'o	tax under s	199.032,
24	25	29		30					□No		
	9. Name and Address	of Current Regis	tered Agent		T			Name and Address of New F	tegistere	d Agent	
					B1	Name					
	RD, JAMES E.			ļ	82	Street Ac	ddress (P.O. Box Number is Not Acceptal	o'e)		
	NUE "E" S.W.			}	83						
WINTER	HAVEN FL				53						
					B4	City			F	85 Zıç	p Code
familiar wit SIGNATURE	o the provisions of Sections ed agent, or both, in the Sta h, and accept the obligation	ns of, Section 607.	.0505, Florida Statute	ites, the above ized by the co ions.				submits this statement for the pudirectors. Thereby accept the app	ointment	as registered	agent. I am
12.	OFF	ICERS AND DIREC	CTORS	13.				ADDITIONS/CHANGES TO OFF	ICERS A		
TITLE	DP		DEFFE LE	1. 1 TIT	ιF					Change	Addition
NAME	SHUFORD, JAMES I			12 NA	MΕ						1
STREET ADDRESS	305 AVE "E" S.W.					ADDRESS					
CITY - ST-ZIP	WINTER HAVEN FL		DELETE.	1401		[-ZIP				[] Change	Addition
TITLE	DVP	C u	DELETE	2 1 111						☐ Change	L) Monton
NAME	BOWEN, GILBERT N 305 AVE "E" S.W.	CIL		22 NAI		ADDRESS					
STREET ADORESS	WINTER HAVEN FL										ļ
CITY - ST - ZIP	DST		[] DELETE	24 CH 3 1 TH		1 - ZIF				Change	Addition
NAME	SHUFORD, ARLENE		—	3.2 NA							_
STREET ADDRESS	305 AVE "E" S.W.					ADDRESS					
CITY - S1 - ZIP	WINTER HAVEN FL			3.4 CIT	Y - S1	1-ZiP					}
TITLE			☐ DELETE	4 1 117		† ··				☐ Change	Add tion
NAME				4.2 NAI	VΕ						ĺ
STREET ADDRESS				4 3 ST6	REF1.	ADORESS					
CITY - ST - ZIP				4.4 CIT	Y · SI	T-ZIF					
TITLE			DELETE	5. 1 1(1		1				Dhange	Addition
NAME				5 2 NAI		-					
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			Floores	5 4 CI1		I • 2(F'				Change	Addition
TITLE			DEFETE	6 1 1 1		1				☐ Augude	LJ AGUITON
NAME				6 2 NAI		ADDUKCO					
STREET ADDRESS				6.3 STF		ADDRESS					
CiTY-ST-ZIP 14. Ldo hereb	L v certify that the information	supplied with this	filing is voluntarily fu				lify for th	e exemption stated in Section 119	.07(3)(k),	Florida Statut	tes. 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 AND TYPED OR PRINTED WAND JOE SIGNING OFFICER OR DIRECTOR

1-19-96

941-399-1183

R2E034 (12/95)