FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT # V15037** (7) C & J FRUIT AND MELONS, INC. Principal Place of Business Mailing Address P.O. BOX 130 1690 DUNDEE ROAD WINTER HAVEN FL 33880 LAKE HAMILTON FL 33851-0130 3. Date Incorporated or Qualified 3a. Date of Last Report 04/01/1992 10/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3109519 21 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State: City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BROWNE, CLEMON J 102 RED GRAVE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **LAUGHTON FL 33853** 83 Zip Code 84 City 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) DELETE 1.1 TITLE Change ☐ Addition THE BROWNE, CLEMON J. 1.2 NAME NAME 102 REDGRAVE RD. 1.3 STREET ADDRESS STREET ADDRESS LOUGHMAN FL 33858 1.4 CITY - \$1 - ZIP CHY-SI-ZIP DELETE 21 TITLE Change Addition Till F 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADORESS CHY-S1-7IP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TIME NAMi 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP C(1Y - S1 - Z)F DELETE [Change $101\,\mathrm{LF}$ 4.1 TITLE Addition 4. 2 NAME STHEET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-74P DELETE 5.1 TITLE Change Addition TILLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP (31Y - 51 - 20F DELETE Change Addition 61 TITLE title 62 NAME NAME 6.3 STREET ADORESS STHEET ADDRESS

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

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

FILED

May 14 1997 8:00am

Daytime Prione #

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