

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V27726** (1)

1. Corporation Name
THE MELON FAMILY, INC.



Principal Place of Business
**2801 E. HILLSBOROUGH
TAMPA FL 33680
US**

Mailing Address
**P.O. BOX 310807
TAMPA FL 33680
US**

3. Date Incorporated or Qualified 04/10/1992	3a. Date of Last Report 02/28/1995
4. FEI Number 59-3120875	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**BARTON, KATHLEEN
3847 LADO DRIVE
ZEPHYRHILLS FL 33543**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 of agent or previous name of registered agent and state it is acceptable

(the SE Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON, KATHLEEN	1.2 NAME	
STREET ADDRESS	3847 LADO DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ZEPHYRHILLS FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON, TONI	2.2 NAME	Vice president
STREET ADDRESS	15522 HELEN K DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SPRINGHILL FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON, KATHLEEN	3.2 NAME	
STREET ADDRESS	3847 LADO DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	ZEPHYRHILLS FL	3.4 CITY - ST - ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON, JR. COY	4.2 NAME	
STREET ADDRESS	3847 LADO DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ZEPHYRHILLS FL	4.4 CITY - ST - ZIP	
TITLE	ST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON, WILLIAM	5.2 NAME	
STREET ADDRESS	15522 HELEN K. DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	SPRINGHILL FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Kathleen Barton* Director *Kathleen Barton* 4/30/96 188-7496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)