

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **V44961 (3)**  
1. Corporation Name  
**FLORIDA FLAVORS, INC.**



Principal Place of Business  
**4330 DRANE FIELD ROAD  
LAKELAND FL 33811**

Mailing Address  
**4330 DRANE FIELD ROAD  
LAKELAND FL 33811**

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	<b>06/18/1992</b>		<b>04/10/1995</b>
4.	FET Number	Applied For / Not Applicable	
	<b>59-3129690</b>		
5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**KRYGER, ALLEN C.  
999 LAKE HOLLINGSWORTH DR  
LAKELAND FL 33803**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>D</b>	
NAME	<b>KRYGER, ALLEN C.</b>	
STREET ADDRESS	<b>999 LAKE HOLLINGSWRTH DR</b>	
CITY - ST - ZIP	<b>LAKELAND FL</b>	
TITLE	<b>D</b>	
NAME	<b>KRYGER, MARJETA</b>	
STREET ADDRESS	<b>999 LAKE HOLLINGSWRTH DR</b>	
CITY - ST - ZIP	<b>LAKELAND FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1	TITLE		
2	NAME		
3	STREET ADDRESS		
4	CITY - ST - ZIP		
2	TITLE		
2	NAME		
2	STREET ADDRESS		
2	CITY - ST - ZIP		
3	TITLE		
3	NAME		
3	STREET ADDRESS		
3	CITY - ST - ZIP		
4	TITLE		
4	NAME		
4	STREET ADDRESS		
4	CITY - ST - ZIP		
5	TITLE		
5	NAME		
5	STREET ADDRESS		
5	CITY - ST - ZIP		
6	TITLE		
6	NAME		
6	STREET ADDRESS		
6	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: \_\_\_\_\_ DATE: **4/29/96** (941) 646-0165  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)