

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

3. Date Incorporated or Qualified
06/18/1992

3a. Date of Last Report
04/10/1995

4. FEI Number
59-3129690

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRYGER, ALLEN C.
999 LAKE HOLLINGSWORTH DR
LAKELAND FL 33803

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 by or for printed name of registered agent and file if applicable

(NOTE: Registered Agent Signature required when resubmitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KRYGER, ALLEN C.
STREET ADDRESS 999 LAKE HOLLINGSWORTH DR
CITY-ST-ZIP LAKELAND FL ☐ DELETE

TITLE D
NAME KRYGER, MARJETA
STREET ADDRESS 999 LAKE HOLLINGSWORTH DR
CITY-ST-ZIP LAKELAND FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE O
12 NAME Beck, Wesley
13 STREET ADDRESS 1806 Seminole Trail
14 CITY-ST-ZIP Lakeland, FL 33803 ☐ Change ☒ Addition

21 TITLE O
22 NAME Kryger, Robert
23 STREET ADDRESS 301 Palmola St
24 CITY-ST-ZIP Lakeland, FL 33803 ☐ Change ☒ Addition

31 TITLE O
32 NAME Beck, Maya
33 STREET ADDRESS 1806 Seminole Trail
34 CITY-ST-ZIP Lakeland, FL 33803 ☐ Change ☒ Addition

41 TITLE O
42 NAME Kryger, Judy
43 STREET ADDRESS 1806 Seminole Trail
44 CITY-ST-ZIP Lakeland, FL 33803 ☐ Change ☒ Addition

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/96 (941) 646-0165

CR2E034 (12/95)