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FILED
Apr 14, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V44961

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1992

4. FEI Number

59-3129690

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 O
NAME BECK, WESLEY
STREET ADDRESS 2209 NEVADA ROAD
CITY-ST-ZIP LAKELAND FL

☐ DELETE

TITLE O
NAME KRYGER, ROBERT
STREET ADDRESS 301 PALMOLA ST.
CITY-ST-ZIP LAKELAND FL

☐ DELETE

TITLE O
NAME BECK, MAYA
STREET ADDRESS 2209 NEVADA ROAD
CITY-ST-ZIP LAKELAND FL

☐ DELETE

TITLE O
NAME KRYGER, JUDY
STREET ADDRESS 1806 SEMINOLE TRAIL
CITY-ST-ZIP LAKELAND FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)