

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90325 042 ***150.00

0528050

DOCUMENT # V44961

1. Entity Name

FLORIDA FLAVORS, INC.

Principal Place of Business

**4330 DRANE FIELD ROAD
 LAKELAND FL 33811**

Mailing Address

**4330 DRANE FIELD ROAD
 LAKELAND FL 33811**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3129690

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRYGER, ALLEN C.

**999 LAKE HOLLINGSWORTH DR
 LAKELAND FL 33803**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D	<input type="checkbox"/> Delete			
TITLE	KRYGER, ALLEN C.	999 LAKE HOLLINGSWRTH DR	LAKELAND FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	O	<input type="checkbox"/> Delete			
TITLE	BECK, WESLEY	2209 NEVADA ROAD	LAKELAND FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	O	<input type="checkbox"/> Delete			
TITLE	KRYGER, ROBERT	301 PALMOLA ST.	LAKELAND FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	O	<input type="checkbox"/> Delete			
TITLE	BECK, MAYA	2209 NEVADA ROAD	LAKELAND FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	O	<input type="checkbox"/> Delete			
TITLE	KRYGER, JUDY	1806 SEMINOLE TRAIL	LAKELAND FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete				
TITLE	<input type="checkbox"/> Change				

13. 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 report or supplemental 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 11 or Block 12 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

1/4/01

Date

Daytime Phone #

CR2E034 (10/00)

639209



DO NOT WRITE IN THIS SPACE