

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000093020

Entity Name: REALPURE BOTTLING, INC.**Current Principal Place of Business:**2445 NW 42ND STREET
OCALA, FL 34475**Current Mailing Address:**PO BOX 1059
SILVER SPRINGS, FL 34489 US**FEI Number: 81-4735879****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET, SUITE 4
TALLAHASSEE, FL 32301 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR, SECRETARY,
TREASURER
Name RICHMOND, KEITH
Address 2445 NW 42ND STREET
City-State-Zip: Ocala FL 34475

Title DIRECTOR
Name RICHMOND, KARL
Address 2445 NW 42ND STREET
City-State-Zip: Ocala FL 34475

Title DIRECTOR
Name RICHMOND, KIRK
Address 2445 NW 42ND STREET
City-State-Zip: Ocala FL 34475

Title DIRECTOR
Name MCPHILLIPS, CHERYL
Address 2445 NW 42ND STREET
City-State-Zip: Ocala FL 34475

Title DIRECTOR, PRESIDENT
Name RICHMOND, KANE
Address 2445 NW 42ND STREET
City-State-Zip: Ocala FL 34475

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KANE RICHMOND**PRESIDENT****04/02/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date