

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 11 1997 8:00am**  
**Secretary of State**



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

**DOCUMENT # P95000087960 (7)**

1. Corporation Name  
**THE FIRST FRUITS GROUP, INC.**



Principal Place of Business  
**1150 CLEVELAND SUITE 410 CLEARWATER FL 34615**

Mailing Address  
**1150 CLEVELAND SUITE 410 CLEARWATER FL 34615-4860**

3. Date Incorporated or Qualified  
**11/16/1995**

3a. Date of Last Report  
**04/23/1996**

2. Principal Place of Business  
 21  
 State, Apt. #, etc.  
 22  
 City & State  
 23  
 Zip  
 24

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip  
 29

Country  
 25  
 Country  
 30  
**USA**

4. FEI Number  
**59-3351446**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AGAN, VERLON O. JR.**  
**1150 CLEVELAND, SUITE 410**  
**CLEARWATER FL 34615**

81 Name  
**Doug Brown**

82 Street Address (P.O. Box Number is Not Acceptable)  
**955 TIMBERGREEN DR**

83  
**LAKELAND,**

84 City  
**FL**

85 Zip Code  
**33809**

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 *Doug Brown* **DOUG BROWN**

DATE **2/15/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>AGAN, VERLON O JR.</b>	
STREET ADDRESS	<b>1150 CLEVELAND, SUITE 410</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34615</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, DOUG D</b>	
STREET ADDRESS	<b>1150 CLEVELAND, SUITE 410</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34615</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>GARRISON, CLIFFORD</b>	
STREET ADDRESS	<b>1150 CLEVELAND, SUITE 410</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34615</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BEALE, ED N</b>	
STREET ADDRESS	<b>1150 CLEVELAND, SUITE 410</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34615</b>	
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		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *Doug Brown*

DATE **2/15/97**

DAYTIME PHONE # **941 858-8102**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)