

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 19, 1999 8:00 am**  
**Secretary of State**

08-19-1999 90001 015 \*\*\*550.00

14000030

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P95000087960**

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



Principal Place of Business  
**3442 E. LK. RD.  
 SUITE #304  
 PALM HARBOR FL 34685  
 US**

Mailing Address  
**955 TIMBER GREEN DR  
 LAKELAND FL 33809  
 US**

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business  
**1414 I-85**

2a. Mailing Address  
**Interstate PARKWAY**

4. FEI Number  
**59-3351446**

Applied For  
 Not Applicable

22. City & State  
**Montgomery AL**

27. City & State

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

23. Zip  
**36106**

25. Country  
**USA**

28. Zip  
 30. Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, DOUG  
 955 TIMBERGREEN DR  
 LAKELAND FL 33809**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  DELETE  
 NAME **AGAN, VERLON O JR.**  
 STREET ADDRESS **3442 E LK RD #304**  
 CITY-ST-ZIP **PALM HARBOR FL 34685**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE **TD**  DELETE  
 NAME **BROWN DOUGLAS**  
 STREET ADDRESS **955 TIMBERGREEN DR**  
 CITY-ST-ZIP **LAKELAND FL 33809**

2.1 TITLE **PTD**  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **VD**  DELETE  
 NAME **GARRISON, CLIFFORD**  
 STREET ADDRESS **2582 CORNITH POSEYVILLE RD**  
 CITY-ST-ZIP **BREMEN GA 30110**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE **SD**  DELETE  
 NAME **BEALE, ED N**  
 STREET ADDRESS **2521 E THIRD ST**  
 CITY-ST-ZIP **MONTGOMERY AL 36107**

4.1 TITLE **VSD**  Change  Addition  
 4.2 NAME **BEALE, NOLTON**  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 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.

SIGNATURE: **[Signature]**

**L-30-99 941-858-7557**

CR2E034 (5/99)