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**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90027 035 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 251877

1. Corporation Name  
 UNITED PRODUCE OF PINELLAS, INC.



Principal Place of Business  
 1830 3RD AVE., S.  
 ST. PETERSBURG FL 33712

Mailing Address  
 2413 CAROLINA  
 TAMPA FL 33629  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25 29 30

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

3. Date Incorporated or Qualified  
 10/02/1961

4. FEI Number  
 59-0937833

5. Certificate of Status Desired  Applied For  
 Not Applicable  
 \$8.75 Additional Fee Required

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

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

9. Name and Address of Current Registered Agent

VALENTI, THOMAS A.  
 2413 CAROLINA  
 TAMPA FL 33629

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	PD	<input type="checkbox"/> DELETE
NAME	VALENTI, THOMAS A	
STREET ADDRESS	2413 CAROLINA	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VALENTI, JOSEPH D	
STREET ADDRESS	2105 S HESPERIDES ST	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	VALENTI, RUSSELL A	
STREET ADDRESS	4109 SANJUAN	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VALENTI, THOMAS A.	
1.3 STREET ADDRESS	2413 CAROLINA	
1.4 CITY-ST-ZIP	TAMPA FL 33629	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	TAMPA FL 33629	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VALENTI RUSSELLA	
3.3 STREET ADDRESS	814 NORMANDY TRACE RD.	
3.4 CITY-ST-ZIP	TAMPA FL 33602	
4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LISA V. SCHALK	
4.3 STREET ADDRESS	3618 SAN LUIS ST	
4.4 CITY-ST-ZIP	TAMPA FL 33629	
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 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: *Thomas A. Valenti* SECRETARY THOMAS A. VALENTI  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-227-2829  
 Daytime Phone #

CR2E034 (1/98)