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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 626710

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(8)

TOISNOT PRODUCE COMPANY

Principal Place	e of Business	Mailing Address					T I I I I I I I I I I I I I I I I I I I				
RT 5 BOX 227 LIVE OAK FL 32060		P.O. BOX 550 SHARPSBURG NC 27878-0550									
US		US			:	T	Date Incorporated or Qualified 06/19/1979	F	ate of Last R 04/1996	eport	
2. Principal Pl	lace of Business	2a. Mailing Address				4.	FEI Number 59-2055320	Applied For Not Applicable			
Suite, Apt.	#, etc	Suite, Apt. #, etc.				6.	Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	е	City & State				6. (6. Election Campaign Financing \$5.00 May Be				
23	Country	28 Zip	T (70)	ıntry		·····	Trust Fund Contribution	<u> </u>	Added 1		
Zip 24	25	29	30	arntry			This corporation has liability for Florida Statutes	Intangible Yes		. 199.032,	
<u></u>	g. Name and Address of Curren	11	30	T			Name and Address of New Re				
דווח	NAL, JACK L			81	Name						
RT 5 BOX 227				82	Ctront	ddenaa (D	O Bay Number is No. Assents	hla\	······		
	OAK FL 32060	ī			Superv	eet Address (P.O. Box Number is Not Acceptable)					
							······································				
				84	City		······································		85 Zip (Code	
11 Duramani	to the provisions of Sections 807 050	2 and 607 1508 Elizabeth Children	- 1 o	V III		201411		FL			
office or ragent. La	to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was rations of Section 607 0505. Fix	authorize orlda Ste	d by Jules	the corp	oralion a to	pard of skieplors, I pereby Acce	oi die act	anumani 🗱	bereizight	
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOT	E Registere	d And	nt signature	required when r		DATE			
12.	OFFICERS AND		13.				DDITIONS/CHANGES TO OFFI		DIRECTOR	IS IN 12	
TITLE	VT	☐ DELETE	1,1 T	ITLE				· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME	APOL, R. E		1.2 N	AME							
STREET ADDRESS	4640 WINDSOR RD		1.3 S	TREET	ADDRESS						
CITY - ST - ZIP	ELM CITY NC 27822		1.4 C	ITY-S	T-ZIP		······································				
TITLE	PS	☐ DELETE	2.1 T	ITLE					Change	Addition	
NAME	APOL, S.J.		2.2 N	IAME			A . (
STREET ADDRESS	1006 COUNTRY LANE		2.3 \$	TREET	ADDRESS	4978	COUNTRY LAN	R			
CITY-ST-ZIP	ROCKY MOUNT FL 27803	1 Driere			ST-ZHP				Channe	Laddina	
TITLE		☐ DELETE	3.1 T				•		☐ Change	☐ Addition	
NAME SZINCEZ ADODESIO			3.2 N		ADDRESS .						
STREET ADORESS					ADDRESS						
CITY-ST-ZIP TITLE		☐ DELETE	3.4. (4.1 T		ST-ZIP				Change	Addition	
NAME		Land to see to		NAME	*		•				
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				iTY-S							
THIE		☐ DELETE	5.1 T			·····		*****************	☐ Change	Addition	
NAME			5.2 N	IAME			s			·	
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			5.4 C	ITY-S	7 - ZIP						
TITLE		☐ DELETE	6.1 J	ITLE					Change	Additio	
NAME			62 N	IAME	ŀ						
STREET ADDRESS			6.3 S	TREET	ADDRESS					d,	
A.E	Į.									5.7	

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; the 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 AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

2-19-1997 91

919 - 486 - 1946 Daytime Phone #

FILED

Feb 26 1997 8:00am

Secretary of State