**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT # 643798** (2 CEE-BEE PRODUCE, INC. Principal Place of Business Maiting Address 1401 S.R. 15 PO BOX 575 1401 8.R: 15 PO BOX 575 BELLE GLADE FL 33430 BELLE GLADE FL 33430 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/01/1979 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2031324 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaion Financino Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \quad No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CUNNINGHAM, SR., J. ROGER Mike Cunningham 1401 S.R. 15 PO BOX 575 Not Acceptable) 82 Street Addre **BELLE GLADE FL 33430** Box 83 84 33430 Belle Glade 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 familia with, and accept the obligations of, Section 607.0505, Florida Statutes. Jill H. Cunningham SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE Secretary CUNNINGHAM, MICHAEL NAME 1.2 NAME Jill H. Cunningham P O BOX 575 1.3 STREET ADDRESS STREET ADDRESS P. O. Box 575 1401 S R 15 BELLE GLADE, FL 00000 Belle Glade, FL 33430 Change CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE 21 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change TITLE . 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition TITLE 6.1 TITLE

14. Thereby certify that the information supplied with this filling 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

6.4 CITY-ST-ZIP

6.2 NAME **6.3 STREET ADDRESS** 

NAME

STREET ADDRESS