DOCUMENT # 682295

1. Entity Name

NORMAN BROS. PRODUCE, INC.

FILED

00 MAR -2 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7621 SW 87 AVENUE MIAMI FL 33173	7621 SW 87 AVENUE MIAMI FL 33173-3504

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2020588 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUGGS, SUANN B.
7621 SW 87 AVENUE
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Suann B Suggs 1-8-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NELSON, DAVID 25401 S.W. 147 AVE. HOMESTEAD FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Timothy T Nelson VPD 28502 SW 163 Ct Homestead FL 33033 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BOYLE, KELLY S 29240 SW 205 AVE HOMESTEAD FL 33030 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deborah L Linton VPD 27641 SW 164 Ave Homestead FL 33031 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BOOTH, KIMBERLY J 16240 SW 282 ST HOMESTEAD FL 33033 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800003170408--5
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NELSON, MARILYN 25401 S.W. 147 AVE. HOMESTEAD FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	-03/15/00--01041--012 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SUGGS, SUANN B 19540 WHISPERING PINES RD MIAMI FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DICKINSON, THERESA A 28242 SW 163 CT HOMESTEAD FL 33033 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition KE

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Suann B Suggs Suann B Suggs 1-8-99 305-274-9363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #