

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 819898

1. Entity Name
TROPICANA PRODUCTS SALES, INC.



Principal Place of Business

1001 13TH AVE. E.
ATTENTION: TAX DEPT.
BRADENTON, FL 34208

Mailing Address

C/O PEPSICO, INC. TAX DEPT
700 ANDERSON HILL RD
PURCHASE, NY 10577



04012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0935073

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

11000000137015
04/28/04-80103-024 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LEACH, BROCK H
1001 13TH AVE E
BRADENTON, FL 34208

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
RYAN, THOMAS
1001 13TH AVE E
BRADENTON, FL 34208

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DWYER, JAMES E
1001 13TH AVE E
BRADENTON, FL 34208

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AR
LIGOURT, JOSEPH
700 ANDERSON HILL RD
PURCHASE, NY 10577

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
BUTTO, NATALIE
1001 13TH AVE E
BRADENTON, FL 34208

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
MUELLER, CHARLES F
1001 13TH AVE E
BRADENTON, FL 34208

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph M. Liguori Asst. Treasurer 4/16/04 (914) 2532860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #