

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G58226** (3)

1. Corporation Name

**J & J PRODUCE, INC.**

Principal Place of Business

Mailing Address

**2045 SPAFFORD AVENUE  
WEST PALM BCH FL 33409**

**2045 SPAFFORD AVENUE  
WEST PALM BCH FL 33409**



3. Date Incorporated or Qualified

**09/06/1983**

3a. Date of Last Report

**01/17/1995**

2. Principal Place of Business

21 **6796 Lantana Rd.**

2a. Mailing Address

25 **6796 Lantana Rd.**

4. FEI Number

**59-2526074**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

22 City & State

23 **Lake Worth, Fla**

27 City & State

28 **Lake Worth, Fla**

24 Zip

24 **33467**

Country

25 **U.S.A.**

29 Zip

29 **33467**

Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

**ERNESTON, JAMES A  
2045 SPAFFORD AVE  
WEST PALM BCH FL 33409**

10. Name and Address of New Registered Agent

81 Name

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

**6796 Lantana Rd.**

83

84 City

**Lake Worth**

FL

85 Zip Code

**33467**

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	DP	<input type="checkbox"/> DELETE
NAME	ERNESTON, JAMES A	
STREET ADDRESS	2090 JOY RENE LANE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ERNESTON, CHRIS III	
STREET ADDRESS	8596 BEACONHILL RD	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ERNESTON, ANNA MARIA	
STREET ADDRESS	2090 JOY RENE LANE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>33410</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Anna Maria Erneston* **ANNA MARIA ERNESTON** 1-896(407)9651212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Month/Year

CR2E034 (12/95)