

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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K88944** (9)
1. Corporation Name
C-K PRODUCE, INC.

Principal Place of Business *STEPHEN D. KOCSIS 2801 E. HILLSBOROUGH AVE. TAMPA FL 33610	Mailing Address *STEPHEN D. KOCSIS 2801 E. HILLSBOROUGH AVE. PO Box TAMPA FL 33610 11637
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2801 E. HILLSBOROUGH AVE. Suite, Apt. #, etc. 22 TAMPA FL. City & State 23 33610 FL. Zip Country 24 HILLSBOROUGH 25 33610 26 HILLSBOROUGH 27 33610 28 FL. 29 33610 30 HILLSBOROUGH		3. Date Incorporated or Qualified 05/17/1989
2a. Mailing Address 26 PO Box 11637 Suite, Apt. #, etc. 27 TAMPA, FL. City & State 28 33610 29 FL. Zip Country 30 HILLSBOROUGH		4. FEI Number 59-2947201 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		

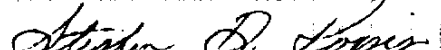
9. Name and Address of Current Registered Agent KOCSIS, STEPHEN D. 2801 E. HILLSBOROUGH AVE. TAMPA FL 33610		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant 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 _____ DATE **3-11-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KOCSIS, STEVE D. 2801 E. HILLSBOROUGH AVE TAMPA FL	☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE	☐ Change ☐ Addition

14. 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 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:  DATE **3-11-98**

CR2E034 (10/97)