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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # M02643

(8)

1. Corporation Name BIG D PRODUCE, INC.  Finncipal Place of Business Mailing Address  * DALE CLABAUGH 4132 N.W. 21ST STREET LAUDERHILL FL 33313 LAUDERHILL FL 33313-7035											
							3	<ol> <li>Date Incorporated or Qualified 07/12/1984</li> </ol>		Date of Last R /18/1996	eport
2. Principal Place of Business			} <u>-</u> -	28. Mailing Address 26 Suite, Apt. #, etc.			4	1. FEI Number 59-2435283	·	<del></del>	plied For at Applicable
`	Suite, Apt. #, etc						6	5. Certificate of Status Desired		¢9.75 Additional	
22 City & St	ate		27 City	& State		, , , , , , , , , , , , , , , , , , ,	6	3. Election Campaign Financing		\$5.00	<del></del>
23		r	28					Trust Fund Contribution		Added t	to Fees
Zip 24		Country 25	Z(p)		Cour	try	8	<ol> <li>This corporation has liability for Florida Statutes</li> </ol>		le tax under s. □ No	. 199.032,
24]	9, Name	and Address of Cu		i Agent	1301		l	), Name and Address of New R			
CI	ABAUGH, D	ALE				Name	-				
	32 N.W. 21S				į į	32 Street	Address	(P.O. Box Number is Not Accepta	able)	·	
L	UDERHILL F	L	•		-	33					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					L						
					]1	34 City			FI	85 Zip (	Code
11. Pursual office o agent	nt to the provis r registered aç Lam familiar wi	ions of Sections 607 jent, or both, in the 5 ith, and accept the c	7.0502 and 607.15 State of Florida. S obligations of, Sec	508, Florida Statu uch change was ction 607.0505, F	ites, the ab- authorized lorida Statu	ove-named by the corr tes.	d corporati rporation's	ion submits this statement for the s board of directors. I hereby acce	purpose ept the ap	of changing it pointment as	s registered registered
11. Pursual office of agent SIGNATURE		l promed name of registeri		cable. (NO	Ites, the about authorized lorida Statu			ion submits this statement for the board of directors. I hereby acco sen reinstating)  ADDITIONS/CHANGES TO OFFI	DATE		
SIGNATURE	Signature Typed	or printed ran e of register OFFICERS	ed agent and title if കുറി	cable. (NO	TE: Registered	Agent signature		en reinstating)	DATE		S IN 12
SIGNATURE  12. THE  NAME	PST CLABAU	of printed ran e of registeri OFFICERS	ed agent and title if കുറി	cable. (NO	13.	Agent signature E ME		en reinstating)	DATE	ID DIRECTOR	S IN 12
SIGNATURE  12.  THE  NAME  SIRELI ADDRES	PST CLABAU 5 4132 NW	OFFICERS  GH, SHIRLEY  / 21 STREET	ed agent and title if കുറി	cable. (NO	13. 1.1 TITL 1.2 NAM 1.3 STR	Agent signature E ME EET ADDRESS		en reinstating)	DATE	ID DIRECTOR	S IN 12
SIGNATURE  12.  THE  NAME	PST CLABAU	OFFICERS  GH, SHIRLEY  / 21 STREET	ed agent and title if കുറി	cable. (NO	13. 1.1 TITL 1.2 NAM 1.3 STR	Agent signature E ME EET ADDRESS 1-ST-ZIP		en reinstating)	DATE	ID DIRECTOR	S IN 12
SIGNATURE  12.  THE  NAME  SIREELADDRES  CITY-ST-ZIP	PST CLABAU 4132 NW LAUDERI D CLABAU	OFFICERS GH, SHIRLEY / 21 STREET HILL FL GH, SHIRLEY	ed agent and title if കുറി	cable (NO RS DELETE	13. 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT	Agent signature  E  AE  EET ADDRESS  7-ST-ZIP  E		en reinstating)	DATE	ID DIRECTOR Change	S IN 12
SIGNATURE  12. THE NAME SIREELADDRES CITY-ST-ZIP TIPLE	PST CLABAU 4132 NW LAUDERI D CLABAU 4132 NW	OFFICERS GH, SHIRLEY / 21 STREET HILL FL GH, SHIRLEY / 21 STREET	ed agent and title if കുറി	cable (NO RS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT' 2.1 TITL 2.2 NAM	Agent signature  E  AE  EET ADDRESS  7-ST-ZIP  E		en reinstating)	DATE	ID DIRECTOR Change	S IN 12
SIGNATURE  12.  DITE  NAME  SIREET ADDRES  CITY-ST- ZIP  TITE  NAME  STREET ADDRES  CITY-SI- ZIP	PST CLABAUG 5 4132 NW LAUDERI D CLABAUG 4132 NW LAUDERI	OFFICERS GH, SHIRLEY / 21 STREET HILL FL GH, SHIRLEY / 21 STREET	ed agent and title if കുറി	icable (NO BS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT	Agent signature  E  AE  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP		en reinstating)	DATE	D DIRECTOR Change Change	S IN 12 Addition Addition
SIGNATURE  12.  DITE  NAME  SIREET ADDRES  CITY-ST- 2IP  TITE  NAME  STREET ADDRES	PST CLABAU 4132 NW LAUDERI D CLABAU 4132 NW LAUDERI VD	OFFICERS GH, SHIRLEY / 21 STREET HILL FL GH, SHIRLEY / 21 STREET	ed agent and title if കുറി	cable (NO RS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAM 2.3 STR	Agent signature  E  AE  EET ADDRESS  (-ST-ZIP  E  AE  EET ADDRESS  Y-ST-ZIP  E		en reinstating)	DATE	ID DIRECTOR Change	S IN 12
SIGNATURE  12.  DITE  HAME  SIREELADDRES  CITY-ST-ZIP  TITLE  KAME  STREELADDRES  CITY-ST-ZIP  IITLE  IITLE  IITLE  IITLE  IITLE  IITLE  IITLE  IITLE	PST CLABAUG 4132 NW LAUDERI D CLABAUG 4132 NW LAUDERI VD CLABAUG	OFFICERS GH, SHIRLEY / 21 STREET HILL FL GH, SHIRLEY / 21 STREET	ed agent and title if കുറി	icable (NO BS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT' 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM	Agent signature  E  AE  EET ADDRESS  (-ST-ZIP  E  AE  EET ADDRESS  Y-ST-ZIP  E		en reinstating)	DATE	D DIRECTOR Change Change	S IN 12 Addition Addition
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14. Let 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 eath; 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.

**FILED** 

May 08 1997 8:00am

Secretary of State