

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000004092 (0)**

1. Corporation Name
EAST COAST FRUIT COMPANY, INC. OF GEORGIA

Principal Place of Business Mailing Address
4215 SOUTHPOINT BLVD. **4215 SOUTHPOINT BLVD.**
SUITE 100 **SUITE 100**
JACKSONVILLE FL 32216 **JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
01/18/1994 **N/A**

4. FEI Number Applied For
59-3218834 Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **3335 N. Edgewood Avenue** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27
City & State City & State

23 **Jacksonville, FL** 28
Zip Country Zip Country

24 **32254** 25 29 30

9. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N
4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code
FL

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 of principal officer or registered agent and title if applicable

NOTE: Registered Agent signature required when filing

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME **PORTNOY, GOLDIE**
STREET ADDRESS **2823 EVERCHARM PL.**
CITY - ST - ZIP **JACKSONVILLE FL 32257**

TITLE D
NAME **SHORSTEIN, JACK F**
STREET ADDRESS **8265 BAYBERRY RD.**
CITY - ST - ZIP **JACKSONVILLE FL 32216**

TITLE D / S
NAME **ANSBACHER, LEWIS**
STREET ADDRESS **4215 SOUTHPOINT BLVD., SUITE 100**
CITY - ST - ZIP **JACKSONVILLE FL 32216**

TITLE P
NAME **Passink, Richard**
STREET ADDRESS **3335 N. Edgewood Avenue**
CITY - ST - ZIP **Jacksonville, FL**

TITLE V/T
NAME **Portnoy, Jerry**
STREET ADDRESS **3335 N. Edgewood Avenue**
CITY - ST - ZIP **Jacksonville, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information reported with this report voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 of 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 applicable, on an attachment with my address.

SIGNATURE:  **Richard Passink** 3/24/95 904-355-7591
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)