Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90143 031 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400004092

1. Corporation Name

EAST COAST FRUIT COMPANY INC. OF GEORGIA

| Principal Place of Business Mailing Address | BOOK ARANG ANANG BARKAN TAKAN TEAT SAMA |
|--|--|
| 3335 N EDGEWOOD AVE 4215 SOUTHPOINT BLVD. JACKSONVILLE FL 32254 SUITE 100 | |
| US JACKSONVILLE FL 32216 DO NOT WRITE IN T | HIS SPACE |
| 3. Date Incorporated or Qualifed | |
| 01/18/1994 | Applied For |
| 2. Principal Place of Business 2a. Mailing Address 4. FEI Number | Not Applicable |
| 21 59-3218834 | \$8.75 Additional |
| Suite, Apt. #, etc Suite, Apt. # etc 5. Certificate of Status Desired | Fee Required |
| City & State City & State 6. Election Campaign Financing | \$5.00 May Be |
| Trust Fund Contribution | Added to Fees |
| Zip Country Zip Country 8. This corporation owes the current year | r Intangible |
| 24 25 29 30 Personal Property Tax. | ∐Yes □No |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registe | red Agent |
| 81 Name | |
| SCHNEIDER, MICHAEL N 4215 SOUTHPOINT BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) | |
| SUITE 100 83 | |
| 901E 100 | |
| JACKSONVILLE FL 32216 | 85 Zin Code |
| JACKSONVILLE FL 32216 84 City Continue CO2 0503 and 507 1509. Florida Statutos. The above paged corporation submits this statement for the purpose | E 85 Zip Code e of changing its registered |
| JACKSONVILLE FL 32216 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, the above-named corporation submits this statement for the purpos 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 adapter 1 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. INOTE. Registered Agent signature required when reinstaking) DAT | e of changing its registered ppointment as registered |
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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 | further certify that the information indicated on this annual report is supplied with the supplied properties 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 faceiver or business 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, with an address, with all other like empowered.

63STREE: ADDRESS

6.4 CITY-ST-ZiP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-355-7678