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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS								
	UMENT # P9 ation Name PH'S PRODUCE MARK	5000047347 (6)					
Principal Place of Business Mairing Address							ill Baill Baill Blail Bibth (Ba)	40 Hill Bibil (001 100)
403 E BLOOMINGDALE AVE BRANDON FL 33511-8108			403 E BLOOMINGDALE AVE BRANDON FL 33511-8108					
9 Drinoina	al Place of Business				3	 Date Incorporated or Qualified 06/15/1995 	3a. Date of L	ast Report
2. Principa 21	Il Place of Business	2a. Mailing Address	1			4. FEI Number	1~	Applied For
···-	upt. #, etc.	Suite, Apt. #, etc.				39-333691	'ユ	Not Applicable
22 City & S	State	27 City & State				5. Certificate of Status Desired	<u></u>	8.75 Additional Fee Required
23		28	••••			 Election Campaign Financing Trust Fund Contribution 		5.00 May Be
Zip	Country	Zip	Country					Added to Fees
24	25 29		30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes 12 No		
	9. Name and Address	of Current Registered Agent). Name and Address of New		it
SEI DL	I OLAHOP II		81	Name	e			
SELPH, CLAUDE H 403 E BLOOMINGDALE AVE			82	Street	t Address (f	P.O. Box Number is Not Accepta	able)	
	DON FL 33511-8108		83					
DIV 1. T	DOM 1 C 000 1 1-0 100							
			84	City			85	
11. Pursual or regis	nt to the provisions of Sections stered agent, or both, in the Sta	607.0502 and 607.1508, Florida Statute te of Florida. Such change was authorize is of, Section 607.0505, Florida Statutes.	es, the above r ad by the corp	iamed cr	corporation s board of r	submits this statement for the pu	FL urpose of changing	j its registered office
SIGNATURE		s or, Section 607.0505, Florida Statutes.					300 to 100 100 100 100 100 100 100 100 100 10	.erea agent. Fan
	Signature, typed or printed name of reg		TE: Registered Agent	t signature i	required when	reinstating)	DATÉ	
12. TITLE		CERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF		CTORS IN 12
NAME	D CLINA CLAUDE II	DEFE1E	1. 1 TITLE	1. 1 TITLE			FT Cha	
STREET ADDRES	SELPH, CLAUDE H	pr 41 m	12 NAME Se		Sel	oh, Glenda, ,		
CITY-ST-ZIP	S 403 E BLOOMINGDAL BRANDON FL 33511-		1.3 STREET ADDRESS 40		403	oh, Glenda E: Bloomingdale ndon, Fl. 335//	2 Aue.	
TITLE	PRANDON IL 33311-0	DELETE	1.4 Dri Y - ST 2. 1 Tri LE	- ZIP	Brai	ndon, F/, 335//	-8/08	
NAME			2.1 IIILE 2.2 NAME		İ	•	Cha	inge
STREET ADDRES	is		2.3 STREET	≛nnat ee		•		
CITY-ST-ZIP			24 CITY-ST					
TITLE		DELETE	3 1 TITLE		 		☐ Char	nge Addition
NAME			3.2 NAME				L. 0	ige [_] Addition
STREET ADDRESS	s		3.3 STREET	ADDRESS				
CITY-ST-ZIF			3.4 CITY - S1	- ZIP				
TITLE NAME		DELETE	4. 1 TITLE				☐ Char	nge 🔲 Addition
STREET ADDRESS			4.2 NAME					
CITY-ST-ZIP	`		4.3 STREET A					
TITLE	FIRE STE		4.4 CITY - ST- 5 1 TITLE	- ZIP	 			
NAME			5.2 NAME				☐ Chan	nge 🗌 Addition
STREET ADDRESS	3		5.2 NANE 5.3 STREET A	nnerss				
CITY-ST-ZIP			5.4 CITY - S1-	i				
TITLE		☐ DELETE	6 1 TITLE	***			Chan	ige Addition
NAME			6.2 NAME					Ac T Vocation
STREET ADDRESS	,		6.3 STREET A	DDRESS	j			İ
CITY-ST-ZIP	abu cortifu that the left will		6.4 C(1 y - ST-	ZIP				
n and it also	by coarry triat the information s	upplied with this filing is voluntarily furnish	hed and does	not qual	alify for the e	exemption stated in Section 119	07/2\44 Flander Dr	

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Clenda Selph Officier 5/9/96 813-661-0109