

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 251184

Entity Name: PARADISE, INC.**Current Principal Place of Business:**1200 W DR M L. KING JR BLVD.
PLANT CITY, FL 33563**Current Mailing Address:**P.O. BOX 4230
PLANT CITY, FL 33563**FEI Number: 59-1007583****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LASKOWITZ, JACK
1200 W DR M.L. KING BLVD
PLANT CITY, FL 33563 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DVP
Name	WEINER, EUGENE L
Address	1200 W DR MLK JR BLVD
City-State-Zip:	PLANT CITY FL 33563

Title	DC
Name	GORDON, MELVIN S
Address	1200 W DR MLK JR BLVD
City-State-Zip:	PLANT CITY FL 33563

Title	DP
Name	GORDON, RANDY S
Address	1200 W DR MLK JR BLVD
City-State-Zip:	PLANT CITY FL 33563

Title	DEVP
Name	GORDON, MARK H
Address	1200 W DR MLK JR BLVD
City-State-Zip:	PLANT CITY FL 33563

Title	DSVP
Name	SCHULIS, TRACY W
Address	1200 W DR MLK JR BLVD
City-State-Zip:	PLANT CITY FL 33563

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TRACY W. SCHULIS**SR VP****01/29/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date