

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 682295

Entity Name: NORMAN BROS. PRODUCE, INC.**Current Principal Place of Business:**7621 SW 87 AVENUE
MIAMI, FL 33173**Current Mailing Address:**7621 SW 87 AVENUE
MIAMI, FL 33173**FEI Number:** 59-2020588**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUGGS, SUANN B
7621 SW 87 AVENUE
MIAMI, FL 33173 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	PD
Name	NELSON, DAVID T
Address	25401 S.W. 147 AVE.
City-State-Zip:	HOMESTEAD FL 33033

Title	VPD
Name	BOYLE, KELLY S
Address	29240 SW 205 AVE
City-State-Zip:	HOMESTEAD FL 33030

Title	VPD
Name	BOOTH, KIMBERLY J
Address	16240 SW 282 ST
City-State-Zip:	HOMESTEAD FL 33033

Title	TD
Name	NELSON, MARILYN
Address	25401 S.W. 147 AVE.
City-State-Zip:	HOMESTEAD FL 33033

Title	SD
Name	SUGGS, SUANN B
Address	19540 WHISPERING PINES RD
City-State-Zip:	MIAMI FL 33157

Title	VPD
Name	DICKINSON, THERESA A
Address	25301 SW 147 AVENUE
City-State-Zip:	HOMESTEAD FL 33033

Title	VP/D
Name	NELSON, TIMOTHY T
Address	25401 SW 147 AVENUE
City-State-Zip:	HOMESTEAD FL 33032

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: SUANN B. SUGGS**SECRETARY****01/21/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date