

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 111547 (6)

1. Corporation Name

SOUTHERN FRUIT DISTRIBUTORS, INC.

Principal Place of Business

100 W. PINELOCH AVE
P.O. OFFICE BOX 568367
ORLANDO FL 32856-8367
US

Mailing Address

100 W. PINELOCH AVE
P.O. OFFICE BOX 568367
ORLANDO FL 32856-8367
US

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

09/22/1926

3a. Date of Last Report

02/03/1994

4. FEI Number

59-0457130

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

24. Zip

25. Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

**CARUSO, AUSTIN A., SR.
700 HARDMAN DRIVE
ORLANDO FL 32806**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
CARUSO, AUSTIN A., SR.
700 HARDMAN DR.
ORLANDO FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
CARUSO, JOS M., SR.
1626 SPRING LAKE DR.
ORLANDO FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TD
CARUSO, PHILIP P., SR.
1256 NOTTINGHAM DR.
ORLANDO FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
WALSH, JOHN J.
1815 S. SUMMERLIN AVE.
ORLANDO FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☒ Change ☐ Addition
**1776 TURNBERY TERRACE
ORLANDO, FL 32804**

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

☒ Change ☐ Addition
**CARUSO, JOE H. SR.
ORLANDO, FL 32804**

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

☒ Change ☐ Addition
ORLANDO, FL 32803

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

☐ Change ☐ Addition
ORLANDO, FL 32806

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 or 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, unchanged, or on an attachment with an address.

SIGNATURE:

Austin A. Caruso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUSTIN A. CARUSO SR 4/24/95 857-3550
(Typed Name)