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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 111547 (6)

1. Corporation Name

SOUTHERN FRUIT DISTRIBUTORS, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

09/22/1926

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME CARUSO, AUSTIN A., SR.
STREET ADDRESS 1776 TURNBERRY TERRACE
CITY-STATE-ZIP ORLANDO FL

TITLE VD ☐ DELETE

NAME CARUSO, JOE M SR
STREET ADDRESS 1626 SPRING LAKE DR.
CITY-STATE-ZIP ORLANDO FL

TITLE TD ☐ DELETE

NAME CARUSO, PHILIP P., SR.
STREET ADDRESS 1256 NOTTINGHAM DR.
CITY-STATE-ZIP ORLANDO FL

TITLE VD ☐ DELETE

NAME WALSH, JOHN J.
STREET ADDRESS 1815 S. SUMMERLIN AVE.
CITY-STATE-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE:

Philip P Caruso Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96

Date

Daytime Phone #

CR2E034 (12/95)