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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 129214

1. Corporation Name
TAMPA WHOLESALE PRODUCE MARKET, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
2801 E HILLSBORO AVE
TAMPA FL 33610

Mailing Address
2801 E HILLSBORO AVE
TAMPA FL 33610

3. Date Incorporated or Qualified: 07/05/1934

4. FEI Number: 59-0475990 [ ] 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

8. This corporation owes the current year Intangible Personal Property Tax. [ ] Yes [ ] No

2. Principal Place of Business
21 ____
Suite, Apt. #, etc.
22 ____
City & State
23 ____
Zip 24 ____ Country 25 ____

2a. Mailing Address
26 ____
Suite, Apt. #, etc.
27 ____
City & State
28 ____
Zip 29 ____ Country 30 ____

9. Name and Address of Current Registered Agent

GRIZZAFFE, CHARLIE V.
2801 EAST HILLSBOROUGH AVENUE
TAMPA FL 33610

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

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 ____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	[ ] DELETE	1.1 TITLE		[ ] Change [ ] Addition
NAME	SCOLARO, DON A		1.2 NAME		
STREET ADDRESS	2801 E HILLSBORO		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000		1.4 CITY-ST-ZIP		
TITLE	STD	[ ] DELETE	2.1 TITLE	Ken Killebrew STD	[X] Change [ ] Addition
NAME	FILIPPELLO, PETER		2.2 NAME	2801 E Hillsboro	
STREET ADDRESS	2801 E HILLSBORO		2.3 STREET ADDRESS	Tampa, FL 33610	
CITY-ST-ZIP	TAMPA, FL 00000		2.4 CITY-ST-ZIP		
TITLE	PD	[ ] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME	GRIZZAFFE, CHARLIE V		3.2 NAME		
STREET ADDRESS	2801 E HILLSBORO		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000		3.4 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME	CAMPISI, FRANK		4.2 NAME		
STREET ADDRESS	2801 E HILLSBORO		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000		4.4 CITY-ST-ZIP		
TITLE	VD	[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME	HOWELL, THOMAS		5.2 NAME		
STREET ADDRESS	2801 E HILLSBORO		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000		5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(i), 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, with all other like empowered.

SIGNATURE: [signature] Sec. Treas. 4-23-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR