2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 129214

1. *Entity Name*
TAMPA WHOLESALE PRODUCE MARKET, INC.

Principal Place of Business	Mailing Address
2801 E HILLSBORO AVE TAMPA, FL 33610	2801 E HILLSBORO AVE TAMPA, FL 33610

DO NOT WRITE IN THIS SPACE

03022004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0475990
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000151405
05/04/04-80045-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	BRUNO, CHARLES
STREET ADDRESS	2801 E HILLSBORO
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	STD
NAME	KILLEBREW, KEN
STREET ADDRESS	2801 E HILLSBORO
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	PD
NAME	GRIZZAFFE, CHARLIE V
STREET ADDRESS	2801 E HILLSBORO
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	D
NAME	CAMPISI, FRANK
STREET ADDRESS	2801 E HILLSBORO
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	D
NAME	WHEELER, MIKE
STREET ADDRESS	2801 E HILLSBORO
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-29-04 813-238-9554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #