

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:44

DOCUMENT # 232269

(1)

1. Corporation Name

FRADEN'S PRODUCE, INC.

Principal Place of Business

Mailing Address

~~WANSBACHER & SCHNEIDER~~
~~4215 SOUTHPOINT BLVD., STE. 100~~
~~JACKSONVILLE FL 32216~~

WANSBACHER & SCHNEIDER
4215 SOUTHPOINT BLVD., STE. 100
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1960

3a. Date of Last Report

04/25/1994

4. FEI Number

59-0881970

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 3335 N. Edgewood Avenue

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Jacksonville FL

28

Zip Country

Zip Country

24 32205

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRADEN, LOUIS
3335 N EDGEWOOD AVENUE
JACKSONVILLE FL 32205

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 reconstituting

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV
NAME	FRADEN, WILLIAM
STREET ADDRESS	3335 N. EDGEWOOD AVE
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	DP
NAME	FRADEN, LOUIS
STREET ADDRESS	3335 N. EDGEWOOD AVE
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	DT
NAME	ALTERMAN, SHELLY
STREET ADDRESS	3335 N. EDGEWOOD AVE
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	DS
NAME	GREENBERG, ZELDA
STREET ADDRESS	3335 N. EDGEWOOD AVE
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	D
NAME	FRADEN, ANDREW
STREET ADDRESS	3335 N. EDGEWOOD AVE
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, 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 110.07(3)(b), 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 a 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 of this filing or in an attachment with my address.

SIGNATURE:

William Fraden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-95

904-353-9431