

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 03, 2004 08:00 AM  
Secretary of State

DOCUMENT # 237396

1. Entity Name

ASSOCIATED FRUIT PACKERS INC



Principal Place of Business

11850 SE 135 AV  
PO BOX 519  
OKLAWAHA FL 32179

Mailing Address

11850 SE 135 AV  
PO BOX 519  
OKLAWAHA FL 32179  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number 59-0901993

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNERR, THOMAS T  
10115 SE COUNTY HWY 42  
SUMMERFIELD FL 32691

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S  
NAME WIMBERLY, E. TURNER  
STREET ADDRESS 10175 SE COUNTY 42  
CITY-ST-ZIP SUMMERFIELD FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
U00000074364  
03/03/04-80016-014 150.00

TITLE PD  
NAME KNERR THOMAS T  
STREET ADDRESS 10115 SE COUNTY HWY 42  
CITY-ST-ZIP SUMMERFIELD FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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:

*Thomas T Knerr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 March 04

Date

Daytime Phone #