

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 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**

**DO NOT WRITE IN THIS SPACE**

8. / 3 / 5 2 6 6 6 6 6 6 F &

04202005 No Chg-P CR2E034 (10/03)

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

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

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

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

U000000323800  
04/22/05-80068-020 158.75

**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)(f), 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*

**THOMAS T KNERR**

**20 April 05**

**352 281 161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #