FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 11:54

DOCUMENT # 251877 (7)

1. Corporation Name

UNITED PRODUCE OF PINELLAS, INC.

Principal Place of Business	Mailing Address
1630 3RD AVE., S. ST. PETERSBURG FL 33712	1630 3RD AVE., S. ST. PETERSBURG FL 33712

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/02/1961
3a. Date of Last Report: 04/19/1994

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)

4. FEI Number: 59-0937833 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VALENTI, THOMAS A.
2413 CAROLINA
TAMPA FL 33629

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required where applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	VALENTI, THOMAS A	12 NAME		
STREET ADDRESS	2413 CAROLINA	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000	14 CITY-ST-ZIP	zip 33629	
TITLE	TD	21 TITLE		☒ Change ☐ Addition
NAME	GRANDOFF, KIMBERLY	22 NAME	NO LONGER OFFICER OR DIRECTOR	
STREET ADDRESS	4514 MELROSE AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☒ Change ☐ Addition
NAME	VALENTI, JOSEPH D	32 NAME		
STREET ADDRESS	2105 S HESPERIDES ST	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000	34 CITY-ST-ZIP	zip 33629	
TITLE	SD	41 TITLE	STD	☒ Change ☐ Addition
NAME	VALENTI, RUSSELLA	42 NAME	RUSSELL A. VALENTI	
STREET ADDRESS	4312 GRANADA	43 STREET ADDRESS	4109 SANJUAN	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	TAMPA, FLORIDA 33629	
TITLE	V	51 TITLE		☒ Change ☐ Addition
NAME	TERESI, AUGUST S	52 NAME	NO LONGER OFFICER	
STREET ADDRESS	11660 WOODBRIDGE BLVD.	53 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL	54 CITY-ST-ZIP		
TITLE	V	61 TITLE		☒ Change ☐ Addition
NAME	VALENTI, AL C	62 NAME	NO LONGER OFFICER	
STREET ADDRESS	1003 MORRISON CT	63 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000	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 119.07(3)(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.

SIGNATURE: Thomas A. Valenti THOMAS A. VALENTI, 3/24/95 PRESIDENT 813-822-4051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0445705 FP