CR2E034 (9/01)

FILED

2002 Uniform Business Report (UBR)

Mar 31, 2002 8:00 am Secretary of State DOCUMENT # 266442 1. Entity Name 03-31-2002 90366 033 ***150 00 WHITE SWAN FRUIT PRODUCTS, INC. Principal Place of Business Mailing Address 1200 W DR., M.L. KING JR BLVD PO BOX 819 PLANT CITY FL 33566 PLANT CITY FL 33564 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2193824 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEINER, EUGENE L Street Address (P.O. Box Number is Not Acceptable) 1200 W DR., M.L. KING JR. BLVD PLANT CITY FL 33566 Zip Code FL 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees \Box (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition PD TITLE ☐ Delete TITLE GORDON, MELVIN S. NAME NAME 1200 W DR MLK JR BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33566 CITY-ST-ZIP Delete TITLE Change Addition TITLE STV NAME WEINER, EUGENE L NAME STREET ADDRESS 1200 W MLK JR BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP = 7 PLANT CITY FL 33566 TITLE ☐ Delete TITLE Change ☐ Addition NAME weiner, Eugene L NAME STREET ADDRESS STREET ADDRESS 1200 W DR MLK JR BLVD CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33566 TITLE ☐ Delete TITLE Change ☐ Addition PETERSON, JAMES R. NAME NAME STREET ADDRESS 1200 W DR MLK JR BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33566 TITLE □ Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an altra-himent with an address, with all other like empowered.