

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 303974

(0)

1. Corporation Name

DAL-DON PRODUCE, INC.



Principal Place of Business

1959 SOUTH HIGHWAY 27  
P.O. BOX 120036  
CLERMONT FL 34711-3616

Mailing Address

1959 SOUTH HIGHWAY 27  
P.O. BOX 120036  
CLERMONT FL 34711-3616

3. Date Incorporated or Qualified  
04/11/1966

3a. Date of Last Report  
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLOEBAUM, BOB  
12210 LAKESHORE DRIVE  
CLERMONT FL 32711

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME JONES, DALLAS  
STREET ADDRESS 1111 LAKE VIEW DRIVE  
CITY-ST-ZIP CLERMONT FL

TITLE VD ☒ DELETE

NAME BLOEBAUM, RUTH  
STREET ADDRESS 1733 DISSTON  
CITY-ST-ZIP CLERMONT FL

TITLE SD ☐ DELETE

NAME BLOEBAUM, BOB  
STREET ADDRESS 1800 ROSEWOOD DR.  
CITY-ST-ZIP CLERMONT FL

TITLE TD ☐ DELETE

NAME JONES, JANE  
STREET ADDRESS 1111 LAKE VIEW DR.  
CITY-ST-ZIP CLERMONT FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

VSD  
BLOEBAUM, BOB  
12210 LAKESHORE DRIVE  
CLERMONT, FL 34711

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)(k), 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 this corporation or the registered agent 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 a statement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)