1-17-95 - B-0052 - C

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 JAN 17 AM 11:41

DOCUMENT # 312892 (3)

1. Corporation Name
TROPI-KIST FRUIT PRODUCTS, CO.

Principal Place of Business	Mailing Address
1030 N CONGRESS AVE W PALM BCH FL 33409	1030 N CONGRESS AVE W PALM BCH FL 33409

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/13/1967
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-1172649 ☐ 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	10. Name and Address of New Registered Agent
RENICK, KENNETH H. 1530 N. FEDERAL HWY. LK. WORTH FL 33460	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 reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1 1 TITLE	☐ Change ☒ Addition
NAME	STEVENS, M BRENDA	1 2 NAME	
STREET ADDRESS	257 N.COUNTRY CLUB DR.	1 3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	1 4 CITY ST ZIP	33462
TITLE	PD	2 1 TITLE	☐ Change ☒ Addition
NAME	STEVENS, FRANK A	2 2 NAME	
STREET ADDRESS	257 N.COUNTRY CLUB DR.	2 3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	2 4 CITY ST ZIP	33462
TITLE	VD	3 1 TITLE	☐ Change ☒ Addition
NAME	STEVENS, RICHARD J	3 2 NAME	
STREET ADDRESS	7550 CHICORA COURT	3 3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	3 4 CITY ST ZIP	33467
TITLE	VD	4 1 TITLE	☐ Change ☒ Addition
NAME	STEVENS, FRANK L	4 2 NAME	
STREET ADDRESS	8319 PINE TREE LANE	4 3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CLARKE, FL 0	4 4 CITY ST ZIP	33406
TITLE	SD	5 1 TITLE	☐ Change ☒ Addition
NAME	STEVENS, EDNA C	5 2 NAME	
STREET ADDRESS	8319 PINE TREE LANE	5 3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CLARKE, FL 00000	5 4 CITY ST ZIP	33406
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 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)(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 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: Frank C. Stevens — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 11, 1995 (Date) 800-826-3537 (Daytime Phone #)

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