

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90094 014 \*\*\*150.00

DOCUMENT # 312892

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

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

Mailing Address  
PO BOX 17250  
W PALM BCH FL 33416  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/13/1967

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 1400 W. 13th Street

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State  
Riviera Beach, FL

27 City & State

24 Zip 33404 25 Country US

29 Zip 30 Country

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 TSD ☐ DELETE  
NAME STEVENS, M BRENDA  
STREET ADDRESS 257 N.COUNTRY CLUB DR.  
CITY-ST-ZIP ATLANTIS FL

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Gregg A. Stevens  
1.3 STREET ADDRESS 4500 Poinsettia Ave., Apt A-18  
1.4 CITY-ST-ZIP West Palm Beach, FL

TITLE PD ☐ DELETE  
NAME STEVENS, FRANK A  
STREET ADDRESS 257 N.COUNTRY CLUB DR.  
CITY-ST-ZIP ATLANTIS FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD ☒ DELETE  
NAME STEVENS, RICHARD J.  
STREET ADDRESS 7550 CHICORA COURT  
CITY-ST-ZIP LAKE WORTH FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME STEVENS, ELLEN K  
STREET ADDRESS 7550 CHICORA COURT  
CITY-ST-ZIP LAKE WORTH FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/07/99 561-683-2663

0069319

CR2E034 (11/98)