

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

FILED

Feb 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 320644

(8)

1. Corporation Name

MIZELL PRODUCE COMPANY INC

Principal Place of Business

302 PINE STREET  
LIVE OAK FL 32060

Mailing Address

302 PINE STREET  
LIVE OAK FL 32060



3. Date Incorporated or Qualified

09/05/1967

3a. Date of Last Report

04/26/1996

4. FEI Number

59-1220689

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

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

SCHNEIDER, JOHN P., JR.  
10922 108TH TERRACE  
LIVE OAK FL 32060

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: *John P. Schneider, Jr*  
(signature, typed or printed name of registered agent and date if applicable)

- John P. Schneider, Jr - President

2-4-97  
DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, MILLCENT ANN	
STREET ADDRESS	10922 108TH TERRACE	
CITY - ST - ZIP	LIVE OAK FL 32060	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, JOHN P.	
STREET ADDRESS	10955 108TH TERRACE	
CITY - ST - ZIP	LIVE OAK FL 32060	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, BETTY A.	
STREET ADDRESS	10955 108TH TERRACE	
CITY - ST - ZIP	LIVE OAK FL 32060	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SCHNIEDER, MILLCENT A	
STREET ADDRESS	10922 108TH TERRACE	
CITY - ST - ZIP	LIVE OAK FL 32060	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	President
4.3 STREET ADDRESS	John P. Schneider, Jr
4.4 CITY - ST - ZIP	10922 108th Terrace Live Oak, FL 32060
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

*John P. Schneider, Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President  
John P. Schneider, Jr 2-4-97 362-2286  
Date Daytime Phone #

CR2E034 (9/96)