

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

DOCUMENT # 320644

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

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90055 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1967

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/2/99  
DATE

12. OFFICERS AND DIRECTORS

T  
TITLE  
NAME SCHNEIDER, MILLICENT ANN  
STREET ADDRESS 10922 108TH TERRACE  
CITY-ST-ZIP LIVE OAK FL 32060  
☐ DELETE

VP  
TITLE  
NAME SCHNEIDER, JOHN P.  
STREET ADDRESS 10955 108TH TERRACE  
CITY-ST-ZIP LIVE OAK FL 32060  
☐ DELETE

S  
TITLE  
NAME SCHNEIDER, BETTY A.  
STREET ADDRESS 10955 108TH TERRACE  
CITY-ST-ZIP LIVE OAK FL 32060  
☐ DELETE

P  
TITLE  
NAME SCHNIEDER, MILLICENT A  
STREET ADDRESS 10922 108TH TERRACE  
CITY-ST-ZIP LIVE OAK FL 32060  
☒ DELETE

☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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:

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

4/2/99  
Date

904-362-2286  
Daytime Phone #

CR2F034 (1/98)