

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

FILED

**Feb 12 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 349327

(7)

QUALITY PERISHABLES INC



Principal Place of Business: **000 PALMETTO AVE
SANFORD FL 32771
IS**

Mailing Address: **2000 PALMETTO AVE
SANFORD FL 32771-4362
US**

3. Date Incorporated or Qualified: **07/14/1969**

3a. Date of Last Report: **01/22/1996**

4. FEI Number: **59-1270644**

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

1. Principal Place of Business: []
2a. Mailing Address: [26]
Suite, Apt. #, etc.: [27]
City & State: [28]
Zip: [29] Country: [30]

9. Name and Address of Current Registered Agent:
**BRUMLEY, JOHN S
2000 PALMETTO AVE.
SANFORD FL 32771**

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 | | DATE | |
|---|--|--|---|
| Signature, typed or printed name of registered agent and title (applicable) | | (NOTE: Registered Agent signature required when reinstating) | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | SD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRUMLEY, JENNIFER L. | 1.2 NAME | |
| STREET ADDRESS | 2008 S PALMETTO AVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANFORD FL | 1.4 CITY-ST-ZIP | |
| TITLE | TP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRUMLEY, JOHN S | 2.2 NAME | |
| STREET ADDRESS | 2000 PALMETTO AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANFORD, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRUMLEY, JOHN S | 3.2 NAME | |
| STREET ADDRESS | 2000 PALMETTO AVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANFORD, FL 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | VDS <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRUMLEY, SHIRLEY T | 4.2 NAME | |
| STREET ADDRESS | 2000 PALMETTO AVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANFORD, FL 00000 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CC 2/12

600002086015 Change Addition
-02/12/97--01123--061
*****165.00**

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 S. Brumley* John S. Brumley 2-5-97 407-322-2538

CR2E034 (9/96)