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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED Jan 15 1998 8:00am Secretary of State

QUALITY PERISHABLES INC Principal Place of Business Mailing Address 2000 PALMETTO AVE 2000 PALMETTO AVE SANFORD FL 32771 SANFORD FL 32771 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/14/1969 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1270644 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional ___ 5. Certificate of Status DesIred Fee Required 22 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BRUMLEY, JOHN S 2000 PALMETTO AVE. Street Address (P.O. Box Number is Not Acceptable) SANFORD FL 32771 83 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Addition TITLE 1.1 TITLE Change BRUMLEY, JENNIFER L NAME 1.2 NAME 2008 S PALMETTO AVE STREET ADDRESS 1.3 STREET ADDRESS SANFORD FL CITY - ST - ZIP 1.4 CITY - ST-ZIP TITLE DELETE 2.1 TITLE Change Addition BRUMLEY, JOHN S NAME 2.2 NAME 2000 PALMETTO AVE STREET ADDRESS 2.3 STREET ADDRESS SANFORD, FL 00000 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE __ Change Addition TITLE 3.1 TITLE BRUMLEY, JOHN S NAME 3.2 NAME 2000 PALMETTO AVE 3.3 STREET ADDRESS STREET ADDRESS SANFORD, FL 00000 3.4. CITY - ST-ZIP CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE BRUMLEY, SHIRLEY T NAME 4, 2 NAME 2000 PALMETTO AVE STREET ADDRESS 4.3 STREET ADDRESS SANFORD, FL 00000 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST- ZIP 5.4 CITY - ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address.

SIGNATURE