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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90029 018 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 349327

QUALITY PERISHABLES INC

	PENIONADLES INC											
Principal Place	of Business	Mail	ing Address					1120100 11111 01010 12111		•		
2000 PALMETTO AVE			2000 PALMETTO AVE				ł					
SANFORD FL 32771		SANFORD FL 32771					DO NOT WRITE IN THIS SPACE					
US	,	US	US				}	3. Date Incorporated or Qualifed				
					•			07/14/1969				
			Mailian Address				\rightarrow	4. FEI Number	. , . ,	App	lied For	
2. Principal Pla	ace of Business	-	2a. Mailing Address					59-1270644		Not	Applicable	
21			26 Suite, Apt. #, etc.							\$8.75 AG	ditional	
Suite, Apt. #	#, etc.	 						_5Certifcate of Status Desired		Fee Rec	juired	
22			City & State					6. Election Campaign Financing		\$5.00 N	May Be	
City & State			28					Trust Fund Contribution Added to Fees				
23	Country		Zip Country				一	8. This corporation owes the cur	rrent year Int	angible '		
Zip	Country	29	-ip	30		-		Personal Property Tax.		☐ Yes [□No	
24	9. Name and Address of Curre		ored Agent	1301	Г			10. Name and Address of New	Registered	Agent		
 _	9. Name and Address of Corre	int region	ered Agent		81	Name						
RRI II	MLEY, JOHN S				82			(D.O. D. Alicinh in in blot Accord	toble)			
3000	PALMETTO AVE					Street A	ddres	ess (P.O. Box Number is Not Acceptable)				
	FORD FL 32771									9.1.2	1,334 (2)	
SANI	FORD 1 E 3217 1				83					11	3, 8 1 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	•				84	City		ls.	FL	85 Zip C	ode	
<u> </u>	to the provisions of Sections 607.05		7 4500 Florido Statu	ton the e	, bov(named c	OFDO	ation submits this statement for th	e purpose of	changing its	registered	
							ration	's board of directors. I hereby acc	ept the appoi	intment as reg	jistered	
agent. I ar	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of,	Section 607.0505, Flo	orida Stat	utes	•		* :				
CICNIATURE											—— i	
0.000								to a substitute)	DAIL			
	Signature, typed or printed name of registered ag			 -	1 Agen	nt signature red	quired v	when reinstating) ADDITIONS/CHANGES TO C	DATE FICERS A	ND DIRECTO	RS IN 12	
12.	OFFICERS A		CTORS	13.		nt signature rec	quired v	vhen reinstating) ADDITIONS/CHANGES TO O		ND DIRECTO	RS IN 12	
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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 12 if changed, or on an attachment with an address, with all other like empowered.