FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 FEB 17 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **376429** **(7)**

1. Corporation Name
FLORIDA FOOD PRODUCERS, INC.

Principal Place of Business	Mailing Address
25400 SW 139TH AVE P O BOX 4282 PRINCETON FL 33092 US	P O BOX 4282 HOMESTEAD FL 33092 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/01/1971**
3a. Date of Last Report: **03/15/1994**

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
~~P.O. BOX 924282~~
Suite, Apt. #, etc. (27)
HOMESTEAD, FL 33092-4282
City & State (28)
Zip (29) Country (30)

4. FEI Number: **59-1382524** ☐ 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

9. Name and Address of Current Registered Agent

LIEBMAN, J DAVID
3226 PONCE DE LEON BLVD
CORAL GABLES, FL
33134

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 if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VST	1.1 TITLE	☑ Change ☐ Addition	
NAME	CRAWFORD, GALE S	1.2 NAME		
STREET ADDRESS	~~25200 SW 139 AVE.~~	1.3 STREET ADDRESS	P.O. BOX 924282	
CITY-ST-ZIP	PRINCETON FL	1.4 CITY-ST-ZIP	HOMESTEAD, FL 33092-4282	
TITLE	PD	2.1 TITLE	☑ Change ☐ Addition	
NAME	PRICE, CW	2.2 NAME		
STREET ADDRESS	~~25200 SW 139 AVE.~~	2.3 STREET ADDRESS	P.O. BOX 924282	
CITY-ST-ZIP	PRINCETON FL	2.4 CITY-ST-ZIP	HOMESTEAD, FL 33092-4282	
TITLE	D	3.1 TITLE	☑ Change ☐ Addition	
NAME	ZUNJIC, BRANKO	3.2 NAME		
STREET ADDRESS	~~25200 SW 139TH AVE.~~	3.3 STREET ADDRESS	P.O. BOX 924282	
CITY-ST-ZIP	PRINCETON FL	3.4 CITY-ST-ZIP	HOMESTEAD, FL 33092-4282	
TITLE	D	4.1 TITLE	☑ Change ☐ Addition	
NAME	CRAWFORD, GALE S.	4.2 NAME		
STREET ADDRESS	~~25200 SW 139TH AVE.~~	4.3 STREET ADDRESS	P.O. BOX 924282	
CITY-ST-ZIP	PRINCETON FL	4.4 CITY-ST-ZIP	HOMESTEAD, FL 33092-4282	
TITLE		5.1 TITLE	☐ Change ☐ Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change ☐ Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Gale S Crawford 2/13/95 (305)252-0740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0426083 FP