FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY -1 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **404331** **(1)**

1. Corporation Name
PITMAN PRODUCE OF ORLANDO, INC

Principal Place of Business	Mailing Address
1920 PREMIER ROW ORLANDO FL 32809	1920 PREMIER ROW ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/05/1972**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-1406229** ☐ 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	10. Name and Address of New Registered Agent
PITMAN,ERNEST H 5201 ATLANTIC BLVD. APT 132-A JACKSONVILLE FL 32207	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 607.1509, 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: Ernest H Pitman 4/27/95
Signature of or typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	1.1 TITLE		☑ Change ☐ Addition
NAME	PITMAN, ROBERT R.	1.2 NAME		
STREET ADDRESS	1928 WOODLIGH DR. W.	1.3 STREET ADDRESS	853 Queens Harbour Blvd	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jax, fl 32225	
TITLE	VPD	2.1 TITLE		☐ Change ☑ Addition
NAME	PITMAN,DONALD D	2.2 NAME		
STREET ADDRESS	4923 RIVER POINT RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	32207	
TITLE	TD	3.1 TITLE		☐ Change ☑ Addition
NAME	PITMAN,ERNEST H	3.2 NAME		
STREET ADDRESS	5201 ATLANTIC BLVD.253	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	32207	
TITLE	PD	4.1 TITLE		☐ Change ☑ Addition
NAME	PITMAN, CHARLES P.	4.2 NAME		
STREET ADDRESS	225 W. SPRINGLAKE DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRGS FL	4.4 CITY-ST-ZIP	32713	
TITLE	AT	5.1 TITLE		☐ Change ☑ Addition
NAME	SLAPPEY, SUSAN PITMAN	5.2 NAME		
STREET ADDRESS	5417 WELLER AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	32211	
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)(k), 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: Susan P Slappey
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Daytime Phone #

0058628 CP