

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90027 048 \*\*\*150.00

DOCUMENT # 428681

1. Corporation Name

PITMAN PRODUCE OF JACKSONVILLE INC

Principal Place of Business

5400 LONGLEAF ST.  
P. O. BOX 12529  
JACKSONVILLE FL 32209

Mailing Address

5400 LONGLEAF ST.  
P. O. BOX 12529  
JACKSONVILLE FL 32209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1973

4. FEI Number

59-1462360

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

PITMAN, ERNEST H.  
5201 ATLANTIC BLVD. #253  
JACKSONVILLE FL 32207

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

32225

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)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE ☐ DELETE

NAME PITMAN, DONALD D.

STREET ADDRESS 4923 RIVER POINT RD.

CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ DELETE

NAME PD

STREET ADDRESS 853 QUEENS HARBOUR BLVD

CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME D

STREET ADDRESS PITMAN, CHARLES P.

CITY-ST-ZIP 925 MERRILL RD., APT #212

JACKSONVILLE FL 32277

TITLE ☐ DELETE

NAME T

STREET ADDRESS PITMAN, ERNEST H.

CITY-ST-ZIP 5201 ATLANTIC BLVD. #253

JACKSONVILLE FL 32207

TITLE ☐ DELETE

NAME D

STREET ADDRESS PITMAN, JERE F.

CITY-ST-ZIP 4620 ARAPATO

JAX FL 32210

TITLE ☐ DELETE

NAME S

STREET ADDRESS SUSAN PITMAN SLAPPEY

CITY-ST-ZIP 4661 EMPIRE AVE.

JACKSONVILLE FL 32207

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 11660 Sherborne Cir S.

3.4 CITY-ST-ZIP Jacksonville, FL 32225

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Director

4.3 STREET ADDRESS 11154 Raley Creek Dr. N.

4.4 CITY-ST-ZIP Jacksonville, FL 32225

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME Sec/Treas

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99 Sec/Treas 904 768-6888

Date

Daytime Phone #

CR2E034 (1/1/98)