2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2002
Secretary of State

DOCUMENT# 428681

Entity Name: PITMAN PRODUCE OF JACKSONVILLE INC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1462360 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PITMAN, ERNEST H.
11154 RALEY CREEK DR N
JACKSONVILLE, FL 32225

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	PITMAN, DONALD D.,	
Address:	4923 RIVER POINT RD.	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	PD	( ) Delete
Name:	PITMAN, ROBERT R.,	
Address:	853 QUEENS HARBOUR BLVD	
City-St-Zip:	JACKSONVILLE, FL	
Title:	D	( ) Delete
Name:	PITMAN, CHARLES P.,	
Address:	11660 SHERBORNE CIR S	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	DIR	( ) Delete
Name:	PITMAN, ERNEST H.,	
Address:	11154 RALEY CREEK DR N	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	D	( ) Delete
Name:	PITMAN, JERE F.,	
Address:	4620 ARAPATO	
City-St-Zip:	JAX, FL 32210	
Title:	ST	( ) Delete
Name:	SUSAN PITMAN SLAPPEY,	
Address:	4661 EMPIRE AVE.	
City-St-Zip:	JACKSONVILLE, FL 32207	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	PITMAN, ROBERT R.,	
Address:	853 QUEENS HARBOUR BLVD	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN PITMAN SLAPPEY ST 01/07/2002

Electronic Signature of Signing Officer or Director — Date