

2000 UNIFORM BUSINESS REPORT (UBR)

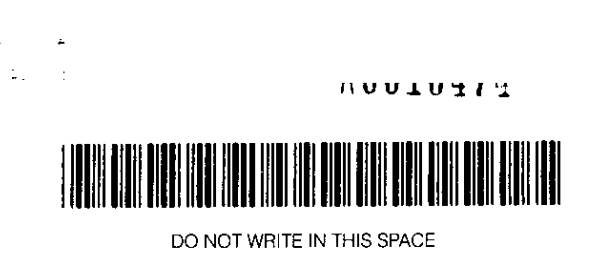
FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90049 027 ***150.00

DOCUMENT # 441131
 1. Entity Name
WOLFER PRODUCE, INC.

Principal Place of Business 10760 METRO PKWY..S.E. FT. MYERS FL 33912	Mailing Address 10760 METRO PKWY..S.E. FT. MYERS FL 33912-1107
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



4. FEI Number 59-1550127	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired - <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WILSON, SMOOT J.
7907 PAT BLVD.
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILSON, OLIN W		NAME	
STREET ADDRESS 10760 METRO PKWY., S.E.		STREET ADDRESS	
CITY-ST-ZIP FT MYERS, FL 00000 33912		CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILSON, SMOTT J		NAME	
STREET ADDRESS 7907 PAT BLVD		STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 00000 33912		CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHERWOOD, ERNEST F.		NAME	
STREET ADDRESS 10760 METRO PKWY SE		STREET ADDRESS	
CITY-ST-ZIP FT MYERS FL 33912		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ernest F. Sherwood* **1-17-00** **941-979-2929**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ERNEST F. SHERWOOD** Date Daytime Phone #

CR2E034 (9/99)