

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**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90129 030 \*\*\*150.00

**DOCUMENT # 538590**

1. Corporation Name

**EAST COAST FRUIT COMPANY, INC.**

Principal Place of Business

3335 EDGEWOOD AVE.  
JACKSONVILLE FL 32205

Mailing Address

4215 SOUTHPOINT BLVD.  
SUITE #100  
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1977

4. FEI Number

59-1746799

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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N.  
4215 SOUTHPOINT BLVD., STE. 100  
JACKSONVILLE FL 32216

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

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 V  
NAME PORTNOY, JERRY  
STREET ADDRESS 3335 N. EDGEWOOD AVE.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE PD ☐ DELETE

NAME PORTNOY, GOLDIE  
STREET ADDRESS 2823 EVERCHARM PLACE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☐ DELETE

NAME ANSBACHER, LEWIS  
STREET ADDRESS 4215 SOUTHPOINT BLVD. #100  
CITY-ST-ZIP JACKSONVILLE FL

TITLE TSD ☐ DELETE

NAME ANSBACHER, LEWIS  
STREET ADDRESS 4215 SOUTHPOINT BLVD, #100  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE V ☐ DELETE

NAME PASSINK, RICHARD S.  
STREET ADDRESS 3335 N. EDGEWOOD AVE.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME SCHNEIDER, MICHAEL  
STREET ADDRESS 4215 SOUTHPOINT BLVD, #100  
CITY-ST-ZIP JACKSONVILLE FL 32216

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
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

Date

Daytime Phone #

CR2E034 (11/98)