

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **583341** (3)

1. Corporation Name

SOUTHLAND PRODUCE SALES OF FLORIDA, INC.



Principal Place of Business

Mailing Address

**1975 WEST STATE ROAD 426
P.O. BOX 257
OVIEDO FL 32765**

**1975 WEST STATE ROAD 426
P.O. BOX 257
OVIEDO FL 32765**

3. Date Incorporated or Qualified
08/23/1978

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 **P.O. Box 620257**

26 **P.O. Box 620257**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

24 **32762-0257**

25

29 **32762-0257**

30

4. FEI Number

59-2982203

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

**LIVINGSTON, CALVIN J.
1975 W STATE RD 426
OVIEDO FL 32765**

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 the day of

(NOTE: Registered Agent signature required when filed first)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **DUDA, FERDINAND S.**
STREET ADDRESS **1975 W STATE ROAD 426**
CITY-STATE-ZIP **OVIEDO FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE **VT** ☐ DELETE
NAME **ASHLEY, CHARLES**
STREET ADDRESS **1975 W STATE ROAD 426**
CITY-STATE-ZIP **OVIEDO FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **V** ☐ DELETE
NAME **MCCARTHY, FRANK**
STREET ADDRESS **1975 W STATE ROAD 426**
CITY-STATE-ZIP **OVIEDO FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE **S** ☒ DELETE
NAME **DUDA, LUTHER J.**
STREET ADDRESS **1975 W STATE ROAD 426**
CITY-STATE-ZIP **OVIEDO FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE **AS** ☐ DELETE
NAME **LIVINGSTON, CALVIN J.**
STREET ADDRESS **1975 W. STATE ROAD 426**
CITY-STATE-ZIP **OVIEDO FL**

5.1 TITLE **S** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

Charles L. Ashley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles L. Ashley, Vice President

2/15/96

(407) 365-2111

File

Daytime Phone #

CR2E034 (12/95)