

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

DOCUMENT # 583341

1. Corporation Name

SOUTHLAND PRODUCE SALES OF FLORIDA, INC.

Principal Place of Business

P.O. BOX 620257

~~P.O. BOX 257~~

OVIDO FL 32762-0257

US

Mailing Address

P.O. BOX 620257

~~P.O. BOX 257~~

OVIDO FL 32762-0257

US

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90163 015 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1978

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	DUDA, FERDINAND S.	1.2 NAME	
STREET ADDRESS	1975 W STATE ROAD 426	1.3 STREET ADDRESS	
CITY-ST-ZIP	OVIDO FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	GRAF, DONALD L.	2.2 NAME	
STREET ADDRESS	1975 W. STATE ROAD 426	2.3 STREET ADDRESS	
CITY-ST-ZIP	OVIDO FL 32765	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	LIVINGSTON, CALVIN J.	3.2 NAME	
STREET ADDRESS	1975 W. STATE ROAD 426	3.3 STREET ADDRESS	
CITY-ST-ZIP	OVIDO FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	CASEY, JOSEPH F	4.2 NAME	
STREET ADDRESS	1975 W. STATE ROAD 246	4.3 STREET ADDRESS	1975 W. State Road 426
CITY-ST-ZIP	OVIDO FL	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	CHAPMAN, TRACY DUDA	5.2 NAME	
STREET ADDRESS	1975 W STATE ROAD 426	5.3 STREET ADDRESS	
CITY-ST-ZIP	OVIDO FL 32765	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 OF DONALD L. Graf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407)365-2111

Daytime Phone #

CR2E034 (11/98)