FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 MAR -9 AM 7:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 626410

1. Corporation Name
TOISNOT PRODUCE CO.

100001426161
-03/10/95--01039--008
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
9252 133RD PLACE
LIVE OAK, FL 32060

Mailing Address
P.O. BOX 550
SHARPSBURG, NC 27878

3. Date Incorporated or Qualified: 06/19/1979
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business
21 Rt. 5 Box 227
22 Suite, Apt. #, etc.
23 City & State: LIVE OAK FL
24 Zip: 32060
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-2055320 — 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
APOL, STEPHEN J.
9252 133RD PLACE
LIVE OAK, FL 32060

10. Name and Address of New Registered Agent
81 Name: JACK L. PUTNAL
82 Street Address (P.O. Box Number is Not Acceptable): RT. 5 Box 227
83
84 City: LIVE OAK FL 85 Zip Code: 32060

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: Jack L. Putnal — JACK L. PUTNAL — 2-3-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V/P	1.1 TITLE	☐ Change ☐ Addition
NAME	APOL, R.E.	1.2 NAME	
STREET ADDRESS	4640 WINDSOR RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ELM CITY, NC 27822	1.4 CITY-ST-ZIP	
TITLE	P/S	2.1 TITLE	☐ Change ☐ Addition
NAME	APOL, S.J.	2.2 NAME	
STREET ADDRESS	1006 COUNTRY LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKY MOUNT, NC 27803	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

DMB 3-9

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)(b), Florida Statutes. 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 the 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: Stephen J. Apol — STEPHEN J. APOL — 2-10-95 — (919) 446-1946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #