PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 854602 1. Corporation Name

CENTRAL PRODUCE & EQUIPMENT COMPANY

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90178 007 ***150.00



<u> </u>						L H ario l Abiol Bluil Biologo Bisil B	ENGLIGH LIEN			(CALIBAT LABO
Principal Place	e of Business	Mailing Address			-					
201 W FIRST ST SANFORD FL 32771		201 W FIRST ST SANFORD FL 32771			DO NOT WE	ITE IN TUU	e edace	:		
}					1 2 5	DO NOT WR		S SPACE	·	
						ate Incorporated or Qualifed				
 	(5)	0 Mail: - 6 JJ				1/05/1982 El Number			T April	ind For
<u></u>	lace of Business '	2a. Mailing Address			"			ļ		ied For
21		26				9-1163894		<u> </u>		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. C	ertifcate of Status Desired			e Req	lditional uired
City & State		City & State			6. E	lection Campaign Financing		\$5.	.00 1	lay Be
23		28			<u></u>	rust Fund Contribution		Ad	ded to	Fees
Zip	Country	Zip	Countr	у	8. TI	his corporation owes the cur	rent year ir			_
24	25	29	30			ersorial Property Tax.		Yes		No
	9. Name and Address of Current	Registered Agent				lame and Address of New	Registere	d Agent		
	2011 1 1001/11/		8	Name	,					
NELS		8:	2 Street	Address (P.O). Bo> Number is Not Accept	able)				
!	w first st Ford FL 32771		8	,						
JAN.	TOND TE DETT								Zin O	odo.
			8	1	_		FI	┗ (_	Zip C:	
office con	to the provisions of Sections 607.0502 egistered agent, or both, in the State om m familiar with, and accept the obligate	f Florida. Such change was	⊲uthorized b	v the corp	d corporation s portition's boar	submi's this statement for the d of clirectors. I hereby acce	pt the appo	of changin pintment a	ig its r as reg	egistered stered
SIGNATURE	Signature, typed or printed na ne of registered agent	and title if applicable. (NOT	E: Registered Ag	ent signature	required when rein		DATE			
12.	OFFICERS AND		13.		AD	DDITIONS/CHANGES TO OF	FICERS			$\overline{}$
TITLE	VD	☐ DELETE	1.1 TITLE					☐ Cha	inge	Addition
NAME	PAULUCCI, MICHAEL J		1.2 NAME		Ĭ					l
STREET ADDRESS	201 W FIRST ST		13 STRE	ET ADDRESS	5					
CITY-ST-ZIP	SANFORD FL		1.4 CITY-	ST-ZIP						
TITLE	T	☐ DELETE	2.1 TITLE		Į.			☐ Cha	inge	☐ Addition
NAME	VANNESTE, DONALD ASST		2.2 NAME							
STREET ADDRESS	201 W FIRST ST		2.3 STRE	ET ADDRESS	3					
CITY-ST-ZIP	SANFORD FL		2. 4 CITY	ST-ZIP						
TITLE	PD	☐ DELETE	3.1 TITLE					☐ Cha	inge	Addition
NAME	PAULUCCI, JENO F		3.2 NAME							
STREET ADDRE IS	201 W FIRST ST		3.3 STRE	ET ADDRESS	3					
CITY-ST-ZIP	SANFORD FL		3.4 CITY							
TITLE	ST	☐ DELETE	4.1 T/TLE					☐ Cha	inge	Addition
NAME	NELSON, LARRY W.		4, 2 NAM							
STREET ADDRESS	201 W FIRST ST			- Et adoress	3					
	SANFORD FL		4.4 CITY-							
TITLE	OANI OND FL	☐ DELETE	5.1 TMLE		 			Cha	inge	Addition
]			5.2 NAME					-		
NAME CONTROL				ET ADDRESS	s					
STREET ADDRESS			54 CITY-							
CITY-ST-ZIP		□ DELETE	6.1 TITLE		 			☐ Cha	inge	Addition
TITLE		L. DEEL IL	6.2 NAME					_	-	_
NAME				Et address						
STREET ADDRESS			6.4 CITY-							
CITY OF ZID			■ 0.4 UH 7 *	31-4IF	1					

14. 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 out; 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 chapter 607, or an attachment with an address, with all other like empowered.

SIGNATURE:

THE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIR

Larry W. Nelson

407-321-7004

Daytime Phone #

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