

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F83151

1. Entity Name

GARREN-TEED PRODUCE COMPANY, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90020 010 ***150.00

Principal Place of Business

Mailing Address

~~300 N. KROME AVENUE
 UNIT 11A OFF #5
 FLORIDA CITY FL 33094
 US~~

P.O. BOX 2662
 INVERNESS FL 34451-2662



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

140 N. Sportsman Pt.

Suite, Apt. #, etc.
 Inverness

Suite, Apt. #, etc.

City & State

City & State

FL

4. FEI Number **58-1475908**

Applied For

Not Applicable

Zip

Country

Zip

Country

34453 Citrus

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARREN, J KEITH

~~300 N. KROME AVENUE, UNIT 11A #5
 FLORIDA CITY FL 33094~~

Name

Street Address (P.O. Box Number is Not Acceptable)

140 N. Sportsman Pt.

City

Inverness

FL

Zip Code

34453

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	GARREN, KEITH	300 N. KROME AVENUE, UNIT 11A #5	FLORIDA CITY FL 33094	<input type="checkbox"/>
SVP	GARREN, JACKIE M	300 N. KROME AVENUE, UNIT 11A #5	FLORIDA CITY FL 33094	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		140 N. Sportsman Point	Inverness FL 34453	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		140 N. Sportsman Point	Inverness FL 34453	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jackie M. Garren
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00
 Date

Date

Daytime Phone #

Jackie M. Garren

CR2E034 (9/97)