

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

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90010 015 \*\*\*150.00

DOCUMENT # G05398

1. Corporation Name  
REMCO PRODUCE, INC.

Principal Place of Business  
6730 N. W. 83 TERRACE  
PARKLAND FL 33067

Mailing Address  
6730 N. W. 83 TERRACE  
PARKLAND FL 33067



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1982

4. FEI Number

59-2403643

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

2. Principal Place of Business

21. 560 Lake June Rd.

Suite, Apt. #, etc.

22.

City & State

23. Lake Placid Fl.

Zip

24. Fla.

Country USA

25. 33852

2a. Mailing Address

26. 560 Lake June Rd.

Suite, Apt. #, etc.

27.

City & State

28. Lake Placid Fl.

Zip

29. 33852

Country

30. U.S.A.

9. Name and Address of Current Registered Agent

MULLER, ROBERT E., JR  
6730 NW 83RD TERRACE  
PARKLAND FL 33067

10. Name and Address of New Registered Agent

81. Name

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

83. 560 Lake June Rd.

84. City Lake Placid

FL

85. Zip Code 33852

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

TITLE DP ☐ DELETE

NAME MULLER, ROBERT  
STREET ADDRESS 6730 N. W. 83 TERRACE  
CITY-ST-ZIP PARKLAND FL

TITLE P ☐ DELETE

NAME MULLER, DONNA J.  
STREET ADDRESS 6730 N. W. 83 TERRACE  
CITY-ST-ZIP PARKLAND FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 560 LAKE JUNE RD.  
1.4 CITY-ST-ZIP Lake Placid Fl. 33852

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 560 Lake June Rd.  
2.4 CITY-ST-ZIP Lake Placid Fl. 33852

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99

Date

941-465-3273

Daytime Phone #

CR2E034 (11/98)

0436774