2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **H12702** May 18, 2000 8:00 am Secretary of State K & D PRODUCE, INC. 05-18-2000 90332 032 ***150.00 Principal Place of Business Mailing Address % DANIEL KEITH BRUIJN 1937 WEST TENNESSEE STREET 1937 WEST TENNESSEE ST. TALLAHASSEE FL 32304 TALLAHASSEE FL 32304-3226 2. Principal Place of Business K & D Produce, Inc. 3. Mailing Address Same DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 1937 West Tennessee Street Applied For 4. FEI Number City & State City & State 59-2435443 Not Applicable El <u>Tallahassee</u> Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRUIJN, DANIEL KEITH Street Address (P.O. Box Number is Not Acceptable) 1106 GROVELAND HILLS DRIVE TALLAHASSEE FL 32311 Zip Code 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 4/30/00 Keith Chapman, President FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete ☐ Change TITLE TITLE CHAPMAN, WILLIAM KEITH NAME NAME STREET ADDRESS 4526 RUNNING MEADOWS LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Change Addition ☐ Delete TITLE TITLE NAME BRUIJN, DANIEL KEITH NAME STREET ADDRESS STREET ADDRESS 1106 GROVELAND HILLS DR. CITY-ST-ZIE TALLAHASSEE FL 32311 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

W.Keith Chapman, President Daytime Phone # GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered