FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J49447** **(2)**

1. Corporation Name

J & J PRODUCE & DELI, INC.

Principal Place of Business	Mailing Address
5435 U.S. 19 **NEW PORT RICHEY FL 34652**	**5435 U.S. 19** **NEW PORT RICHEY FL 34652**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **12/30/1986**

3a. Date of Last Report: **04/11/1995**

4. FEI Number: **59-2764618** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Files for Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has Liability for intangible tax under s. 199.052, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

PULLICINO, MARY
61 LEEWARD LANE
NEW PORT RICHEY FL 34652

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Numbers are Not Acceptable)

83

84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PULLICINO, MARY		1.2 NAME	
STREET ADDRESS	5215 LEEWARD LN		1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT. RICHEY FL		1.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CARRETTA, DELORES		2.2 NAME	
STREET ADDRESS	5215 LEEWARD LN		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT. RICHEY FL		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PULLICINO, JOSEPH		3.2 NAME	
STREET ADDRESS	18200 DEW BLOOM		3.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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.

SIGNATURE: *Mary Pullicino* MARY Pullicino 4-10-96 813-848-5572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number