

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K59751 (3)

1. Corporation Name

PARADISE PRODUCTS OF AMERICA, INC.

Principal Place of Business

452 CUDJOE DR. UNIT A
P.O. BOX 420321
SUMMERLAND KEY FL 33042-7321

Mailing Address

452 CUDJOE DR. UNIT A
P.O. BOX 420321
SUMMERLAND KEY FL 33042-7321

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/20/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0111840

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 has liability for intangible tax under S. 189.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

33042-0321

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANKINS-FIELDER, LYNNE
402 APPELROUTH LANE, SUITE #10
KEY WEST FL 33040

81 Name

LYNNE HANKINS-FIELDER 40 FINLEY TRAIL, P.A.

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

22725 OLD STATE RD. 4A

83

84 City

CUDJOE KEY

FL

85

Zip Code

33042-4717

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

Lynne Hankins-Fielder

Lynne Hankins-Fielder

DATE

3-16-95

12. OFFICERS AND DIRECTORS

TITLE

DS

NAME

HANKINS-FIELDER, LYNNE

STREET ADDRESS

RT 6, BOX 450N25

CITY - ST - ZIP

SUMMERLAND KEY FL

TITLE

DP

NAME

FIELDER, RICHARD J.

STREET ADDRESS

RT 6, BOX 450N25

CITY - ST - ZIP

SUMMERLAND KEY FL

TITLE

NAME

STREET ADDRESS

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