

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K91961 (8)

1. Corporation Name

NORTH FLORIDA PRODUCE EXCHANGE, INC.



Principal Place of Business

Mailing Address

2231 NE 35 CT  
LIGHTHOUSE POINT FL 33064

2231 NE 35 CT  
LIGHTHOUSE POINT FL 33064

3. Date Incorporated or Qualified

05/31/1989

3a. Date of Last Report

10/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 P.O. BOX 5988

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

29 Country

24 33074

25 USA

28 33074

29 USA

4. FEI Number

65-0128180

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. 199.032,  
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

HAMES, ALLEN  
2231 NE 35 CT  
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent

81 Name

DAVID T. PRICE

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

550 SW 12 AV.

83

84 City

DEERFIELD BCH.

FL

85 Zip Code

33442

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 DAVID T. PRICE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V

HAMES, ALLEN

2231 NE 35 CT

LIGHTHOUSE POINT FL 33064

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

SHELLY, KAREN A.

2231 NE 35 CT

LIGHTHOUSE POINT FL 33064

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

DELETE

HAMES, ALLEN

VP + DIRECTOR

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

P + DIRECTOR

SHELLY, KAREN A.

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change

☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change

☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change

☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change

☐ Addition

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Karen A. Shelly PRESIDENT + DIRECTOR 6/19/96 946-2390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Page #

CP2E034 (3/96)