

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jul 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # K95472 (2)  
1. Corporation Name  
AP QUALITY PRODUCE, INC.



Principal Place of Business Mailing Address  
% ANGIE P. PARDO % ANGIE P. PARDO  
2813 WILSON CIRCLE 2813 WILSON CIRCLE  
LUTZ FL 33549 LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/14/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2959284	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29		30	

9. Name and Address of Current Registered Agent

PARDO, ANGIE P.  
2813 WILSON CIR.  
LUTZ FL 33549

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is 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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1	1.1
NAME	PARDO, ANGIE P.	1.2	1.2
STREET ADDRESS	2813 WILSON CIR.	1.3	1.3
CITY - ST - ZIP	LUTZ FL	1.4	1.4
	<input type="checkbox"/> DELETE	2.1	2.1
TITLE		2.2	2.2
NAME		2.3	2.3
STREET ADDRESS		2.4	2.4
CITY - ST - ZIP		2.5	2.5
	<input type="checkbox"/> DELETE	3.1	3.1
TITLE		3.2	3.2
NAME		3.3	3.3
STREET ADDRESS		3.4	3.4
CITY - ST - ZIP		3.5	3.5
	<input type="checkbox"/> DELETE	4.1	4.1
TITLE		4.2	4.2
NAME		4.3	4.3
STREET ADDRESS		4.4	4.4
CITY - ST - ZIP		4.5	4.5
	<input type="checkbox"/> DELETE	5.1	5.1
TITLE		5.2	5.2
NAME		5.3	5.3
STREET ADDRESS		5.4	5.4
CITY - ST - ZIP		5.5	5.5
	<input type="checkbox"/> DELETE	6.1	6.1
TITLE		6.2	6.2
NAME		6.3	6.3
STREET ADDRESS		6.4	6.4
CITY - ST - ZIP		6.5	6.5

14. I hereby certify that the information supplied with this filing does not qualify for 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; 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 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.

Angie P. Pardo  
Jul 08 1998 8:00am

CR2E034 (10/97)