

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

FILED

May 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L05242 (7)  
1. Corporation Name  
FLORIDA SPECIALTY PRODUCE, INC.

Principal Place of Business  
1205 EAST LAND STREET RD  
ORLANDO FL 32824  
US

Mailing Address  
P O BOX 1107  
FOREST PARK GA 30051-1107  
US

3. Date Incorporated or Qualified 07/28/1989  
3a. Date of Last Report 05/01/1996  
4. FEI Number 59-2861091  
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

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 30

9. Name and Address of Current Registered Agent

MILLER, WILLIAM J ESQ  
810 THOMASVILLE RD  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name BARRY B. REYNOLDS  
82 Street Address (P.O. Box Number is Not Acceptable) 8104 SANDHERRY BLVD  
83  
84 City Orlando FL 85 Zip Code 32819

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, 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

*[Signature]*  
Signature of the current registered agent and file if applicable.

*[Signature]*  
(NOTE: Registered Agent signature required when reinstating)

DATE

5/15/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	EAGLE, CHARLES M	408 MAIN STREET	FOREST PARK GA	<input type="checkbox"/>
D	PEDOWITZ, BURTON L	408 MAIN STREET	FOREST PARK GA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing 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 as an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPE-PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

5/1/97

DAYTIME PHONE #

404-363-8181

0011368

CR2E034 (9/96)