

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 26 PM 4:24

**DOCUMENT # L10216**

**(4)**

1. Corporation Name

**GATOR PRODUCE SALES, INC.**

Principal Place of Business

**%WAYNE J. HUMES  
5353 W. ATLANTIC AVE., STE. 403 & 404  
DELRAY BEACH FL 33484**

Mailing Address

**%WAYNE J. HUMES  
5353 W. ATLANTIC AVE., STE. 403 & 404  
DELRAY BEACH FL 33484**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**08/21/1989**

3a. Date of Last Report

**02/21/1994**

4. FEI Number

**65-0139552**

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

**24**

Country

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**HUMES, WAYNE J.  
5353 W. ATLANTIC AVENUE  
SUITES 403 & 404  
DELRAY BEACH FL 33484**

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

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

(NOTE: Registered Agent signature required when relating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                                    |
|-----------------|------------------------------------|
| TITLE           | DP                                 |
| NAME            | HUMES, WAYNE J.                    |
| STREET ADDRESS  | 5353 W. ATLANTIC AVE.              |
| CITY - ST - ZIP | DELRAY BEACH FL                    |
| TITLE           | DT                                 |
| NAME            | RUMBLE, THEO JR.                   |
| STREET ADDRESS  | 5353 W. ATLANTIC AVE.              |
| CITY - ST - ZIP | DELRAY BEACH FL                    |
| TITLE           | DV                                 |
| NAME            | HAYNES, NATHAN                     |
| STREET ADDRESS  | 5353 W. ATLANTIC AVE.              |
| CITY - ST - ZIP | DELRAY BEACH FL                    |
| TITLE           | DS                                 |
| NAME            | SEEL, GREGORY                      |
| STREET ADDRESS  | 5353 W ATLANTIC AVE                |
| CITY - ST - ZIP | DELRAY BCH FL                      |
| TITLE           | DV                                 |
| NAME            | AUSTIN, PETER J                    |
| STREET ADDRESS  | 5353 W. ATLANTIC AVENUE, SUITE 403 |
| CITY - ST - ZIP | DELRAY BEACH FL                    |
| TITLE           |                                    |
| NAME            |                                    |
| STREET ADDRESS  |                                    |
| CITY - ST - ZIP |                                    |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                                                                   |
| 6.3 STREET ADDRESS  |                                                                   |
| 6.4 CITY - ST - ZIP |                                                                   |

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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Wayne J. Humes Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

System Form #