FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

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

3. Date Incorporated or Qualified: 08/21/1989

3a. Date of Last Report: 01/26/1995

4. FEI Number: 65-0139552 ☐ Applied For ☐ Not Applicable

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

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

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

10. Name and Address of New Registered Agent

81 Name: THEO RUMBLE, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 5353 W ATLANTIC AVE. SUITE 403
83
84 City: DELRAY BEACH FL 85 Zip Code 33484

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: Theo Rumble Jr. THEO RUMBLE, JR. 6-4-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1 1 TITLE	D	☒ Change ☐ Addition
NAME	HUMES, WAYNE J.		1 2 NAME	HUMES, WAYNE J	
STREET ADDRESS	5353 W. ATLANTIC AVE.		1 3 STREET ADDRESS	5353 W ATLANTIC AVE SUITE 403	
CITY-ST-ZIP	DELRAY BEACH FL		1 4 CITY-ST-ZIP	DELRAY BEACH, FL. 33484	
TITLE	DT	☐ DELETE	2 1 TITLE	D/P	☒ Change ☐ Addition
NAME	RUMBLE, THEO JR.		2 2 NAME	RUMBLE, THEO JR	
STREET ADDRESS	5353 W. ATLANTIC AVE.		2 3 STREET ADDRESS	5353 W ATLANTIC AVE SUITE 403	
CITY-ST-ZIP	DELRAY BEACH FL		2 4 CITY-ST-ZIP	DELRAY BEACH, FL. 33484	
TITLE	DV	☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME	HAYNES, NATHAN		3 2 NAME		
STREET ADDRESS	5353 W. ATLANTIC AVE.		3 3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		3 4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4 1 TITLE	D	☒ Change ☐ Addition
NAME	SEEL, GREGORY		4 2 NAME	SEEL, GREGORY B	
STREET ADDRESS	5353 W ATLANTIC AVE		4 3 STREET ADDRESS	5353 W ATLANTIC AVE. SUITE 403	
CITY-ST-ZIP	DELRAY BCH FL		4 4 CITY-ST-ZIP	DELRAY BEACH, FL. 33484	
TITLE	DV	☐ DELETE	5 1 TITLE	D/S/T	☒ Change ☐ Addition
NAME	AUSTIN, PETER J		5 2 NAME	AUSTIN, PETER J	
STREET ADDRESS	5353 W. ATLANTIC AVENUE, SUITE 403		5 3 STREET ADDRESS	5353 W ATLANTIC AVE. SUITE 403	
CITY-ST-ZIP	DELRAY BEACH FL		5 4 CITY-ST-ZIP	DELRAY BEACH, FL. 33484	
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		

CR2E034 (12/95)

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

SIGNATURE: Theo Rumble Jr. THEO RUMBLE, JR. 6-4-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #