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Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

1. DOCUMENT # **L10216** **(4)**
Corporation Name
GATOR PRODUCE SALES, INC.

Principal Place of Business	Mailing Address
5353 W. ATLANTIC AVENUE 403 & 404 DELRAY BEACH FL 33484 US	5353 W. ATLANTIC AVENUE 403 & 404 DELRAY BEACH FL 33484-8166 US

3. Date Incorporated or Qualified: 08/21/1989
3a. Date of Last Report: 06/10/1996

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:

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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

8. Name and Address of Current Registered Agent

THEO RUMBLE, JR.
5353 W. ATLANTIC AVENUE
SUITE 403
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HUMES, WAYNE J.		1.2 NAME		
STREET ADDRESS	5353 W. ATLANTIC AVE., SUITE 403		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RUMBLE, THEO JR.		2.2 NAME		
STREET ADDRESS	5353 W. ATLANTIC AVE., SUITE 403		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP		
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	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SEEL, GREGORY B.		4.2 NAME		
STREET ADDRESS	5353 W. ATLANTIC AVENUE, SUITE 403		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		4.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	AUSTIN, PETER J		5.2 NAME		
STREET ADDRESS	5353 W. ATLANTIC AVENUE, SUITE 403		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP		
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 (9/96)

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 on an attachment with an address.

SIGNATURE: _____ 4/25/97