FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 15 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 # **L19314** (8)

1. Corporation Name
R & R PRODUCE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5036 114 NEW MARKET ROAD IMMOKALEE FL 33934	P.O. BOX 5036 ~~114 NEW MARKET ROAD~~ ~~IMMOKALEE FL 34142~~

3. Date Incorporated or Qualified: 10/01/1989
3a. Date of Last Report: 07/03/1996

2. Principal Place of Business (21): ~~1622 LAKE TRAFFORD RD~~ 114 New Market RD
Suite, Apt. #, etc. (22): ~~#113~~
City & State (23): Immokalee, FL.
Zip (24): 34142 Country (25): Collier

2a. Mailing Address (26): ~~P.O. BOX 5036~~ 1622 Lake Trafford Rd
Suite, Apt. #, etc. (27): Suite 113
City & State (28): Immokalee FL
Zip (29): 34142 Country (30): Collier

4. FEI Number: 65-0145438 — 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

9. Name and Address of Current Registered Agent

ROBERTS, ROY W.
~~114 NEW MARKET ROAD~~
IMMOKALEE FL 33934

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1622 LAKE TRAFFORD Rd Suite #113
83
84 City: Immokalee FL 85 Zip Code: 34142

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: Roy Roberts — 3-19-97
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	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, ROY W.	1.2 NAME	
STREET ADDRESS	~~114 NEW MARKET ROAD~~	1.3 STREET ADDRESS	1622 LAKE TRAFFORD RD Suite #113
CITY-ST-ZIP	IMMOKALEE FL	1.4 CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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: Roy W Roberts — 3-19-97 — 941-658-3843