SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** L59563 (1)SHECKLER PRODUCE, INC. Principal Place of Business Mailing Address PO BOX 1196 PO BOX 1196 ENGLEWOOD FL 34295 **ENGLEWOOD FL 34295** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/19/1990 04/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2996464 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zin Country Country 8. This corporation has liability for intangible tax under s. 199 032, 24 25 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name IZZO, JOHN P. 180 N INDIANA AVE 82 Street Address (P.O. Box Number is Not Acceptable) ENGLEWOOD FL 34223 83 City Zip Code 85 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, if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature type discipliste immediating storical agent and title it application thrott. Registered Agent's grature required when assisted up-12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)TITLE DELETE D 1.1 TITLE Change Addit on NAME SHECKLER, SCOTT 1.2 NAME CR2E034 P O BOX 1196 N/A STREET ADDRESS 1.3 STREET ADDRESS **ENGLEWOOD FL** CITY-ST-ZIP 14 CiTY - ST- ZIP THILE DELETE 2.1 TITLE Change Addition SHECKLER, JILL NAME 2.2 NAME P O BOX 1196 N/A STREET ADORESS 2.3 STREET ADDRESS ENGLEWOOD FL CITY-SI-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREE! ADDRESS CITY - ST - ZIP 34 CITY-ST-ZIP TITLE DELETE 4 1 HITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE 51 TITLE Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CHTY - 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 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 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

68.56