## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M88330

(9)

P & K PRODUCE, INC.

FILED Jan 28 1998 8:00am Secretary of State

941-494-6203

Principal Plac	e of Business	Mailing Address				14 BIBIT BIBIT BIBIT BIBI	i oroff (gg)	
2885 SE HWY 70 PO BOX 1808 ARCADIA FL 33821-1808		PO BOX 1808 ARCADIA FL 33821-1808 US		DO NOT WRITE IN THIS SPACE				
US					3. Date Incorporated or Qualified			
2. Principal P	lace of Business	2a. Mailing Address	<del></del>		07/05/1988 4. FEI Number		plied For	
21	ito o o o o o o o o o o o o o o o o o o	26			59-2093888	<del></del>	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				£0.75		
22		27			5. Certificate of Status Desired	Fee Re		
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28	<u> </u>		Trust Fund Contribution	Added 1	o Fees	
24 3424	. Country	- 2'm	Country	,	8. This corporation owes or has paid th			
24 37544	Name and Address of Co		30		Personal Property Tax due June 30.  10. Name and Address of New Registre		J No	
Name and Address of Current Registered Agent      PROMAL FLETOURS  8					6			
BROWN, FLETCHER								
	N. BREVARD AVE.		82	Street A	Address (P.O. Box Number is Not Acceptable)			
An	CADIA FL 33821		83					
			84	City		FL 85 Zip (	Code	
11. Pursuant	to the provisions of Sections 607	.0502 and 607 1508, Florida Statute	s, the above	-named (	corporation submits this statement for the purpo	ose of changing its	s registered	
office or r	egistered agent, or both, in the S m familiar with, and accept the c	State of Florida. Such change was a obligations of, Section 607.0505, Flo	uthorized by rida Statutes	the corp	oration's board of directors. I hereby accept the	e appointment as	registered	
SIGNATURE								
SIGNATURE	Signature, typed or printed name of register		Registered Age	nt signature i	required when reinstating) D.	PATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	DP	☐ DELETE	1.1 TITLE			L Change	Addition	
NAME	PEACOCK, W. J., III		1.2 NAME					
STREET ADDRESS	4505 SE CR 760		1.3 STREET	- 1			ļ	
CITY-ST-ZIP	ARCADIA FL	DELETE	1.4 CITY-S	T-ZIP		Change	Addition	
TITLE			2.1 TITLE 2.2 NAME			Citalige Citalige	Addition	
NAME Street Address	KEEN, SHEROD S. RT 6 BOX 187-18		2.3 STREET ADDRESS		RT 3 BOX 628			
	LAKE CITY FL		2. 4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	PUIL OILLIE	DELETE 3.1		n-Lir		Change	Addition	
NAME			3.2 NAME			_ •		
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-SY-ZIP					
TITLE	☐ DELETE		4.1 TITLE			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	r- ZiP				
TITLE	☐ DELETE		5.1 TITLE			L. Change	☐ Addition	
NAME			5.2 NAME	-				
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP		Torier	5.4 CITY- S	1-ZIP		Changi		
TITLE		☐ DELETE	6.1 TITLE	ŀ		Change	Addition	
NAME CTRCCT INDOCCC			6.2 NAME	*DDDCCC				
STREET ADDRESS			6.3 STREET					
CITY-ST-ZIP	ertify that the information supplied	ed with this filing does not qualify for	6.4 CITY-S the exemp		d in Section 119.07(3)(i), Florida Statutes. I furth	er certify that the	information	
Indicated	on this applied roport or supplier	and been out to brone found and annual	irata and thi	t my ciar	satura chall have the came lagal offect as if man	do undor ooth, tha	tiam 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 in Changed of pin an attachment with an address.								