

DOCUMENT # M88330

1. Entity Name  
P & K PRODUCE, INC.

Principal Place of Business  
2885 SE HWY 70  
PO BOX 1808  
ARCADIA FL 34266  
US

Mailing Address  
PO BOX 1808  
ARCADIA FL 34265  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2093888

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, FLETCHER  
124 N. BREVARD AVE.  
ARCADIA FL 33821

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
PEACOCK, W. J., III  
4505 SE CR 760  
ARCADIA FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DST  
KEEN, SHEROD S.  
RT 3 BOX 628  
LAKE CITY FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. J. PEACOCK, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00

Date

863-494-6203

Daytime Phone #

FILED  
Jan 08, 2001 8:00 am  
Secretary of State

01-08-2001 90066 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)