

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90023 030 ***150.00

DOCUMENT # P00000054076

1. Entity Name

GULF COAST PRODUCE, INC.



Principal Place of Business

100 STEARN AVE
PLANT CITY FL 33566

Mailing Address

P.O. BOX 1020
DOVER FL 33527

2. Principal Place of Business

203 E Terrace Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plant City FL

City & State

Zip

33563

Country

Zip

Country

6. Name and Address of Current Registered Agent

JONES, EDDIE A
1410 CRE ROAD
SYDNEY FL 33587

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Eddie A Jones

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: T
NAME: JONES, EDDIE A
STREET ADDRESS: PO BOX 93
CITY-ST-ZIP: SYDNEY FL 33587 ☐ Delete

TITLE: S
NAME: DESHONG, PAMELA
STREET ADDRESS: PO BOX 2102
CITY-ST-ZIP: PLANT CITY FL 33564 ☐ Delete

TITLE: P
NAME: GOODSON, JOSEPH R
STREET ADDRESS: 13659 HAYNES ROAD
CITY-ST-ZIP: DOVER FL 32527 ☐ Delete

TITLE: VP
NAME: MOSS, WAYNE
STREET ADDRESS: RT 2 BOX 233
CITY-ST-ZIP: CASHIER NC 28717 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP: ☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph B Goodson
JOSEPH B GOODSON

Date

Daytime Phone #

(813) 757-9600