2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000086070

1. Entity Name
THOMAS FRESH PRODUCE, INC.

Principal Place of Business
9905 CLINT MOORE ROAD
BOCA RATON, FL 33496-1016

Mailing Address
9905 CLINT MOORE ROAD
BOCA RATON, FL 33496-1016

03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1133585
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSTON, ANDREW J
2335 E ATLANTIC BLVD, SUITE 301
POMPANO BEACH, FL 33062

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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 _____
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000295079
04/09/05-80013-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AUSTIN, PETER J
STREET ADDRESS	9905 CLINT MOORE ROAD
CITY-ST-ZIP	BOCA RATON, FL 334961016
TITLE	D
NAME	THOMAS, JEFFREY
STREET ADDRESS	9905 CLINT MOORE ROAD
CITY-ST-ZIP	BOCA RATON, FL 334961016
TITLE	D
NAME	THOMAS, NORMAN
STREET ADDRESS	9905 CLINT MOORE ROAD
CITY-ST-ZIP	BOCA RATON, FL 334961016
TITLE	D
NAME	RUMBLE, THEO JR
STREET ADDRESS	9905 CLINT MOORE ROAD
CITY-ST-ZIP	BOCA RATON, FL 334961016
TITLE	D
NAME	THOMAS, JOHN JR
STREET ADDRESS	9905 CLINT MOORE ROAD
CITY-ST-ZIP	BOCA RATON, FL 334961016
TITLE	D
NAME	THOMAS, STEPHEN
STREET ADDRESS	9905 CLINT MOORE ROAD
CITY-ST-ZIP	BOCA RATON, FL 334961016

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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: _____ 4-7-05 561-482-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #