

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **P10175** (8)

1. Corporation Name

TRIPLE E PRODUCE CORP.



Principal Place of Business

**503 10TH ST. WEST
PALMETTO FL 34221**

Mailing Address

**PO Box 1389
Palmetto, FL
34220**

3. Date Incorporated or Qualified
05/21/1986

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

94-1631289

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

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

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZABLUDOWSKI, DANIEL A.
2 SOUTH BISCAYNE BLVE.
SUITE 3100
MIAMI FL 33131**

81 Name

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

83

84 City

FL

85 Zip Code

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DVPS** ☒ DELETE
NAME **ALVAREZ, ELIZABETH**
STREET ADDRESS **503 10TH ST**
CITY-ST-ZIP **PALMETTO FL**

TITLE **VD** ☒ DELETE
NAME **ESFORMES, JOSEPH**
STREET ADDRESS **503 10TH ST.**
CITY-ST-ZIP **PALMETTO FL**

TITLE **ST** ☒ DELETE
NAME **HEISER, JEFFREY D.**
STREET ADDRESS **949 N. CENTER ST., S-A**
CITY-ST-ZIP **STOCKTON CA**

TITLE **AVP** ☒ DELETE
NAME **ESFORMES, JON**
STREET ADDRESS **503 10TH ST. WEST**
CITY-ST-ZIP **PALMETTO FL**

TITLE **AS & VP** ☒ DELETE
NAME **ALVAREZ, ELIZABETH**
STREET ADDRESS **503 10TH ST. WEST**
CITY-ST-ZIP **PALMETTO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D President** ☐ Change ☒ Addition
1.2 NAME **NATHAN J. ESFORMES**
1.3 STREET ADDRESS **1666 Kennedy Causeway #408**
1.4 CITY-ST-ZIP **NORTH BAY VILLAGE, FL 33141**

2.1 TITLE **SRVP** ☒ Change ☐ Addition
2.2 NAME **JOSEPH ESFORMES**
2.3 STREET ADDRESS **503 10th St. WEST**
2.4 CITY-ST-ZIP **PALMETTO, FL 34221**

3.1 TITLE **S** ☒ Change ☐ Addition
3.2 NAME **JEFFREY HEISER**
3.3 STREET ADDRESS **949 N. CENTER ST.**
3.4 CITY-ST-ZIP **STOCKTON, CA 95202**

4.1 TITLE **ASTD** ☒ Change ☐ Addition
4.2 NAME **ELIZABETH ALVAREZ**
4.3 STREET ADDRESS **503 10th St. WEST**
4.4 CITY-ST-ZIP **Palmetto, FL 34221**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR
ELIZABETH ALVAREZ

4-29-96 941-729-4610
Date Daytime Phone #

CR2E034 (12/95)