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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P3947

1. Corporation Name

DOODLICE TOADING CORD

PRODUCE TRADING CORP.	įė́	t (Barras) (Bo bered 1871) Brast (BBB) (Bi Gibl) Bibli Bibli
	()	
Principal Place of Business	Mailing Address	
290 N. GROVE ST. MERRITT ISLAND FL 32953	POST OFFICE BOX 540155 MERRITT ISLAND FL 32954	DO NOT WRITE IN THIS SPACE
	e 7	Date Incorporated or Qualifed 06/25/1992
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 22-2741040
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired \$8.
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution Ad
Zip Country 24 25	Zip Country	This corporation owes the current year Intangible Personal Property Tax.
	Current Registered Agent	10. Name and Address of New Registered Agent
CHAMPON RICHARD A		ame

FILED Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90021 039 ***150.00



Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

Zip	Country	Zip		Countr	у	ļ	8. This corpor	ation owes the	e current year li		_
]	25	29	30]				roperty Tax.		☐ Yes	M No
<u> </u>	9. Name and Address of Curren	t Registered Ag	ent				0. Name and	Address of	New Registered	i Agent	
		<u> </u>		8	1 Name						
CHA	AMPON, RICHARD A.	• :		82	Ctroot	Addross	(P.O. Box Nur	nher is Not A	rcentable)		·
314	1 NEWFOUND BARHOR DRIVE	i L		04	Z Sueet	Address	(F.O. BOX NGI	ilber is Not A	oceptable)		
MER	RRITT ISLAND FL 32952	įį		8:	3				-		
		: }					uta. 4	-		11°	
		•		84	4 City				FI	L 85 Zip (Code
4 Pursuant	to the provisions of Sections 607.050	2 and 607.1508.	Florida Statutes,	the abo	ve-named	corpora	tion submits th	is statement fo	or the purpose of	of changing its	registered
office or	registered agent or both in the State (nt Fiorida, Such	change was auth	onzeu b	y ine corpi	oration's	board of direc	tors. I hereby	accept the app	ointment as re	gisterea
agent. I a	am familia with, and accept the obligat					Par	B . 65 . 65 .	_	البال	9	
SIGNATURE	Signature, typed or printed name of registered agen	KICHA	120 CHH	MPC	ent sidnature r	required wh	BIOE NT en reinstating)		- 1 JATE 7	'/	
	7	D DIRECTORS	(113121110	13.				/CHANGES T	O OFFICERS A	ND DIRECTO	RS IN 12
12. <u>{</u>	DCP	:	DELETE	1.1 TITLE						Change	☐ Addition
AME	CHAMPON, RICHARD A.	į.		1.2 NAME	į						
TREET ADDRESS	AAAA NICHEOUND HADROD DE	ŔVE		1.3 STRE	ET ADDRESS						
ITY-ST-ZIP	MERRITT ISLAND FL	ķ		1.4 CITY-	ST-ZIP	<u> </u>					
TLE	ST	₹.	□ DELETE	2.1 TITLE						☐ Change	☐ Addition
IAME	CHAMPON, RICHARD A.			2.2 NAME	:						
TREET ADDRESS	AAAA MEMEANING HADDAD DI	RÍVE		2.3 STRE	ET ADDRESS	;					
ITY-ST-ZIP	MERRITT ISLAND FL			2.4 CITY	-ST-ZIP	ļ					C A LPC
ITLE .			☐ DELETE	3.1 TITLE						Change	☐ Addition
AME	•			3.2 NAME	Ē						
TREET ADDRESS	5	,		3.3 STRE	ET ADDRESS	;					
ITY-ST-ZIP	_	:		3.4. CITY	-ST-ZIP	<u> </u>					
TTLE		-	☐ DELETE	4.1 TITLE	:					Change	☐ Addition
IAME				4. 2 NAM	E						
TREET ADDRESS				4.3 STRE	ET ADDRESS	3					
OTY-ST-ZIP				4.4 CITY	ST-ZIP	 					
ITLE			DELETE	5.1 TITLE						☐ Change	☐ Addition
IAME		•		5.2 NAME	Ē						
TREET ADDRESS	s			5.3 STRE	ET ADDRESS	3			٠		
TY-ST-ZIP				5.4 CITY-					<u>.</u>		DA LEG
TITLE	-	, b	☐ DELETE	6.1 TITLE	İ					Change	☐ Addition
IAME		Ē		6.2 NAM	Ε						
TREET ADDRESS	s	:		6.3 STRE	ET ADDRESS	5					
CITY-ST-ZIP				6.4 CITY						*** ** * **	! .
A Lhorehy	certify that the information supplied wi	th this filing does	s not qualify for th	е ехет	otion state	ed in Sec	tion 119.07(3)(i), Florida Sta	tutes. I further o	ertify that the	information

Increase certify that the miorimation supplied with this limit does not quality for the exemption stated in Section 173.07(3), Florida Statutes. Indicate an 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, with all other like empowered.

SIGNATURE: