PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jun 24, 1999 8:00 am Secretary of State

06-24-1999 90013 050 ***150.00 07-12-1999 90009 049 ***408.75

DOCUMENT # P92000009005

AUTION	PRODUCE COMPANY								
Principal Place	e of Business	Mailing Address	•		T 130(16) 110 12/18 110/1	841)) # 841; 88111 4811) be			
1395 M.L.K BLVD. P.O. BOX 1916 PLANT CITY FL 33566 PLANT CITY FL 33564					DO NOT	WRITE IN THIS S	SPACE		
					3. Date Incorporated or Qua 11/23/1992	alifed			
a Principal D	ace of Business	2a, Mailing Address			4. FEI Number	-	Ā	pplied For	
2. Principal Pl	IBDO OF EGGINOUS	26 0 0	7x 1	ומח	59-3151608		N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desi	red 🗆	\$8.75 Eee R	Additional equired	
City & State		City & State		-	6. Election Campaign Finan	ncina —	\$5.00	May Be	
23		20 Souks	C_{2}	A	Trust Fund Contribution			to Fees	
Zip	Country	Zip	Co	untry	8. This corporation owes th				
24	25	29 3/647	30	USA_	Personal Property Tax.		☐ Yes	□No	
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of I	New Kedistered V	gent		
PON.	IDS, HENRY T			81 Name					
	5 M.L.K. BLVD.			82 Street Ad	ddress (P.O. Box Number is Not A	cceptable)			
	NT CITY FL 33568			83					
, , ,									ļ
				84 City		FL	1 1	Code	ĺ
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				ordoration submits this statement it	N ING DOLLDOSE OF C	nanyary is	, pgistored	
11. Pursuant office or nagent. I as	to the provisions of Sections 607.05 egistered agent, or both, in the State on familiar with, and accept the oblig	,				accept the appoint	tment as re	egislered	ا ا
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (I	OTE: Registere	d Agent signature requ	ured when reinstating)	DATE			(80/
SIGNATURE	Signeture, typed or printed name of registered ag OFFICERS A	,	NOTE: Registere	d Agent signature requ		DATE			(41/08)
SIGNATURE	Signifure, typed or printed name of registered ag OFFICERS A	ent and little if applicable. (I	13.	d Agent signature requ	ured when reinstating)	DATE	DIRECTO	DRS IN 12	134 (41/08)
SIGNATURE 12.	Signeture, typed or printed name of registered ag OFFICERS A	ent and little if applicable. (I	13. 1.1 T	d Agent signature requ	ured when reinstating)	DATE	DIRECTO	DRS IN 12	10.0
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A PO BONDS, HENRY T	ent and little if applicable. (I	13. 1.1 T 1.2 N	d Agent signature requ TILE	ured when reinstating)	DATE	DIRECT(ORS IN 12	3R2E034 (41/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A PO BONDS, HENRY T 1305 M.L.K. BLVD.	ent and little if applicable. (I	13. 1.1 T 1.2 N 1.3 S 1.4 G	d Agent signature requ TILE NAME STREET ADDRESS	ured when reinstating)	DATE	DIRECTO	DRS IN 12	10.0
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A PO BONDS, HENRY T 1305 M.L.K. BLVD.	ent and title if applicable. (I	13. 1.17 12.N 1.3 S 1.4 G 2.17	ITLE WAVE STREET ADDRESS STYL ST. ZIP	ured when reinstating)	DATE	DIRECT(ORS IN 12	F034
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ag OFFICERS A PO BONDS, HENRY T 1305 M.L.K. BLVD.	ent and title if applicable. (I	13. 1.11 12.N 1.3 1.4.0 2.17 2.2.N	d Agent signature requirements TILE WAVE STREET ADDRESS STRY. ST. ZIP TILE	ured when reinstating)	DATE	DIRECT(ORS IN 12	10.0
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A PO BONDS, HENRY T 1305 M.L.K. BLVD.	ent and use if applicable. (I	13.5 1.1 T 12.N 1.3 S 1.4 G 2.1 T 22.N 2.3 S 2.4 G	TILE WAVE STREET ADDRESS CITY- ST- ZIP TITLE WAVE STREET ADDRESS CITY- ST- ZIP	ured when reinstating)	DATE O OFFICERS AND	DIRECTO	ORS IN 12 Addition	F034
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A PO BONDS, HENRY T 1305 M.L.K. BLVD.	ent and title if applicable. (I	13. E 1.1T 12.N 13.S 14.C 2.1T 22.N 23.S 2.4(TILE WAME STREET ADDRESS SITY-ST-ZIP TILE WAME STREET ADDRESS CITY-ST-ZIP TITLE	ured when reinstating)	DATE O OFFICERS AND	DIRECT(ORS IN 12	F034
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A PO BONDS, HENRY T 1305 M.L.K. BLVD.	ent and use if applicable. (I	13. 1.1.T 12.N 1.3.S 1.4.C 2.1.T 2.2.N 2.3.S 2.4.C 3.1.T 3.2.N	TILE WAME STREET ADDRESS SITY-ST-ZIP TITLE WAME STREET ADDRESS CITY-ST-ZIP TITLE WAME WAME WAME WAME WAME WAME	ured when reinstating)	DATE O OFFICERS AND	DIRECTO	ORS IN 12 Addition	F034
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14. Thereby 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 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: