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FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P92000010924 (8)

1. Corporation Name

JIMMY DELK PRODUCE SALES, INC.

Principal Place of Business

1255 W ATLANTIC BLVD
STATE FARMERS MARKET SUITE F2-
POMPANO BEACH FL 33069

Mailing Address

1255 W ATLANTIC BLVD
STATE FARMERS MARKET SUITE F2-
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1992

4. FEI Number

65-0373507

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22 Suite F-9

City & State

23

Zip

Country

24

26

Suite, Apt. #, etc.

27 Suite F-9

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DELK, JAMES B
1255 W ATLANTIC BLVD SUITE F2
STATE FARMERS MARKET
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name

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

1255 W Atlantic Blvd Suite F-9

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

D

NAME

DELK, JAMES B

STREET ADDRESS

1255 W ATLANTIC BLVD SUITE F2

CITY-ST-ZIP

POMPANO BEACH FL 33069

TITLE

D

NAME

DELK, JAY H

STREET ADDRESS

1255 W ATLANTIC BLVD SUITE F2

CITY-ST-ZIP

POMPANO BEACH FL 33069

TITLE

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NAME

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STREET ADDRESS

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CITY-ST-ZIP

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1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1255 W Atlantic Blvd Suite F-9

☒ Change ☐ Addition

1255 W Atlantic Blvd Suite F-9

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 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 in an attachment with an address.

SIGNATURE:

Jimmy Delk

4-6-98

954-946-5677

CR2E034 (10/97)