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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 3:15

DOCUMENT # P92000014128 (2)

1. Corporation Name

ADAMS BROS. PRODUCE OF FLA., INC.

Principal Place of Business	Mailing Address
2800 DELANO ST PENSACOLA FL 32505 US	302 FINLEY AVE W BIRMINGHAM AL 35202 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/24/1992	3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-3160063	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 2800 Delano St	26 P.O. BOX 18506
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Pensacola Fl	28 City & State: Pensacola Fl
24 Zip: 32523 — 25 Country: Escambia	29 Zip: 32523 — 30 Country: Escambia

9. Name and Address of Current Registered Agent

STONE, ROBERT L
125 W ROMANA STREET
SUITE 800
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

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	CD
NAME	ADAMS, CARL III
STREET ADDRESS	302 FINLEY DRIVE WEST
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	VD
NAME	MCCRAY, JOHN R.
STREET ADDRESS	302 FINLEY DRIVE WEST
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	PD
NAME	ADAMS, CHARLES H
STREET ADDRESS	302 FINLEY DRIVE WEST
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	STD
NAME	ADAMS, CARL J
STREET ADDRESS	302 FINLEY AVE W
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl Adams, III

2-28-95 — Date

(205) 323-2455 — Daytime Phone #

0405440 FP