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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Country

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83

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1 1 THILE

1.2 NAME

2.1 DILE

22 NAME

3 1 TITLE 32 NAME 33 STREET ADDRESS

4.1 TITLE 4.2 NAME

5 1 TITLE

5.2 NAME

6.1 THE

6.2 NAME

13 STREET ADDRESS

23 STREET ADDRESS

24 CITY-ST-ZIP

3.4 CITY - \$1 - 2IP

4.3 STREET ADORESS

5 3 STREET ADDRESS 5 4 CITY - ST - ZIP

6.3 STREET ADDRESS 64 CITY-ST-ZIP

4 4 CITY - ST- ZIP

14 CHTY - ST - ZIP

Name

City

30

1996

P9300001162 (5) DOCUMENT #

Country

9. Name and Address of Current Registered Agent

Signature, typied or printed name of registered agent and title if acceleable

OFFICERS AND DIRECTORS

25

PARSON, BENNY H

1115 JUNIPER AVE

NICEVILLE FL 32578

PARSON, SUE E

1115 JUNIPER AVE

NICEVILLE FL 32578

PARSON'S PRODUCE, INC.

Paricipal Place of Business

Mailing Address

2a. Mailing Address

City & State

26

27

28

29

1115 JUNIPER AVE NICEVILLE FL 32578

Suite, Apl. #, etc.

City & State

21

22

23

24

 $Z_{\rm ID}$

SIGNATURE

SUBSELL ADDRESS

STREET ADDRESS

STREET ADDRESS

CHY-51 ZII

(41Y-ST-Z-P

STREET ADDRESS

STREET ADDRESS

017Y - \$1 - 7(2)

C 1Y-ST-7 P

CITY - ST - ZIP

CHY-ST-ZIP

12.

THEE

NAME

THEE

TITLE

11116

NAME SPREET ADDRESS

THE NAME

THE

NAMÉ

2. Principal Place of Business

PARSON, SUE E

1115 JUNIPER AVE.

NICEVILLE FL 32578

D

1115 JUNIPER AVE NICEVILLE FL 32578

Suite, Apt. #, etc.

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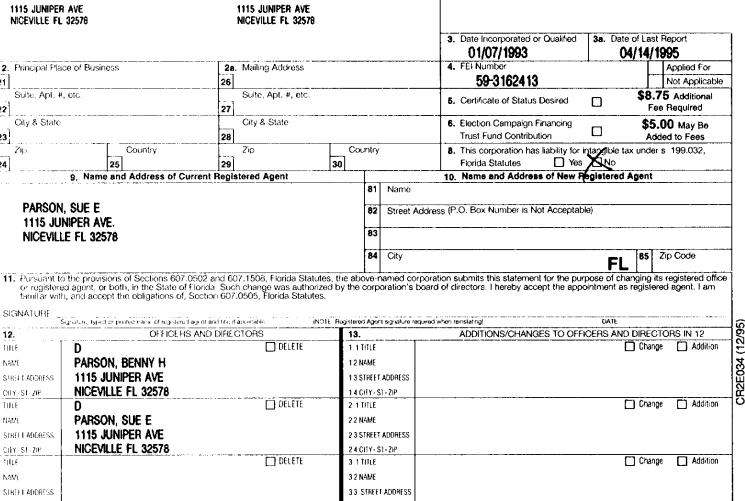
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 phanged, or on an altachment with an address

Sue larson 1-18-96

Change

Change

☐ Addition

☐ Addition

Addition