FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000009717 (8)

1. Corporation Name
HEAVENLY PRODUCE, INC.

Principal Place of Business	Mailing Address
2475 MCMULLEN BOOTH RD UNIT E CLEARWATER FL 34619	2475 MCMULLEN BOOTH RD UNIT E CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1993
3a. Date of Last Report: 08/12/1994
4. FEI Number: 59-3160250 — 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 3068 OAK HILL ROAD	26 3068 OAK HILL ROAD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CLEARWATER, FLORIDA	City & State 28 CLEARWATER FLORIDA
Zip 24 34619 — Country 25 PINELLAS	Zip 29 34619 — Country 30 PINELLAS

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HEAVENRIDGE, DAVID 2475 MCMULLEN BOOTH RD UNIT E CLEARWATER FL 34619	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3068 OAK HILL ROAD 83 84 City CLEARWATER FL 85 Zip Code 34619

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 (X) ________ Date 4/4/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	☒ Change ☐ Addition
NAME	HEAVENRIDGE, DAVID	1.2 NAME	
STREET ADDRESS	2475 MCMULLEN BOOTH RD UNIT E	1.3 STREET ADDRESS	3068 OAK HILL ROAD
CITY ST ZIP	CLEARWATER FL 34619	1.4 CITY ST ZIP	CLEARWATER, FLORIDA 34619
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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: (X) David Heavenridge, PRESIDENT 4/4/95 813-796-4098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID G. HEAVENRIDGE

0356966 CP