FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000009717

1. Corporation Name

HEAVENLY PRODUCE INC

IIFVAFIA	LI I HODOOL, MO							DIAN BOANI BONIS B		H a ir (Ba i (Ba i)
Principal Place	of Business	Mailing Add	fress				i i filitent sin i finn men neur anne n	#1(1) 48 (1), 8 8(1) 8	1119 19111 19991 1	
6003 N 54TH S	т .	6003 N 54TI	H ST							
TAMPA FL 33610-4830 TAMPA FL 33610-4830							DO NOT WR	ITE IN THIS :	SPACE	
US US							3. Date Incorporated or Qualifed			
: 1							02/01/1993			[
2 Principal P	lace of Business	2a. Mailing	Address				4. FEI Number		Apr	olied For
21	1000 0. Dusinoso	26					59-3160250		Not	Applicable
Suite, Apt. #, etc.							-		\$8.75 A	dditional
27							5. Certifcate of Status Desired		Fee Rec	quired
City & State City & State							6. Election Campaign Financing		\$5.00	,
23		28			,		Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	_	Country			8. This corporation owes the cur	rent year Inta		٦
24	25	29	31	<u> </u>			Personal Property Tax.	- 	Τ	□No
	9. Name and Address of Current	Registered Ac	jent	81	1 11		10. Name and Address of New	Registered A	rgent	_
LIEA	VENDIDGE DAVID			81	Name	;				
HEAVENRIDGE, DAVID 13634 LAKE POINT DRIVE SOUTH				82	Stree	t Addre	ss (P.O. Box Number is Not Accep	table)		
CLEARWATER FL 33762				83			41		· · · ·	· ·
				"						
				84	City			FL	85 Zip C	Code
11 Pursuant	to the provisions of Sections 607.0502	and 607,1508.	Florida Statutes	the abov	j e-name	d corpo	ration submits this statement for the	purpose of	changing its	registered
l office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida, Such	change was auth	iorized by	tne cor	poration	n's board of directors. I hereby acce	pt the appoir	itment as reg	gistered
SIGNATURE	in familiar with, and accept the obligation	0,13 01, 0000011	001,0000,1.0							į
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	. (NOTE: R	egistered Age	nt signature	required	when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS		13.		1	ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	DPS		☐ DELETE	1,1 TITLE					Change	Addition
NAME	HEAVENRIDGE, DAVID			1.2 NAME						
STREET ADDRESS	13634 LAKE POINT DRIVE SOU	тн		1.3 STREE	TADDRES	5				
CITY-ST-ZIP	CLEARWATER FL		M	1.4 CITY-S	T-ZIP				Change	Addition
TITLE	DT		DELETE	2.1 TITLE					Change	
NAME	RICHARD HEAVENRIDGE			2.2 NAME						,ee,
- STREET ADDRESS	12100 SEMINOLE BLVD #249			2.3 STREE	1 ADDRES	S]				
CITY-ST-ZIP	LARGO FL 33778		J	2.4 CITY-1	T-ZIP	+			Change	Addition
TITLE	DS		DELETE	3.1 TITLE					☐ Citalige	C. Madadon I
NAME	DANIEL REED			3.2 NAME						
STREET ADORESS	1930 PATLIN CIR S			3.3 STREE		S				,
CITY-ST-ZIP	LARGO FL 33770		DELETE	3.4. CITY-5	ST-ZIP				["] Change	Addition
TITLE	• :		☐ DETE LE	4.1 TITLE 4.2 NAME		1				
NAME					~ 100050					
STREET ADDRESS				4.3 STREE		S				
CITY-ST-ZIP			DELETE	4.4 CITY-S	T-ZIP	+			Change	Addition
TITLE			_ OLLETE	5.1 TITLE 5.2 NAME					,gu	
NAME .				5.3 STREE		s				
STREET ADDRESS	•			5.4 CITY-S		-				
CITY-ST-ZIP			DELETE	6.1 TITLE		+			Change	☐ Addition
I STIFE	1			•		1			-	

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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRES

CITY-ST-ZIP

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90285 041 ***150.00