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 FILED May 07, 1999 8:00 am Secretary of State 05-07-1999 90002 048 ***150.00

DOCUMENT # **P93000031358**1. Corporation Name

HOOPER'S FRESH FARM VEGETABLES, INC.

Principal Place of Business Mailing Address								III BANK BANG	A HILBS HANDE HIRE S	AITBI IAIS IAAI
2828 W HOOPER FARMS RD APOPKA FL 32703		PO BOX 1267	PO BOX 1267 WINTER PARK FL 32790-1267			DO NOT WRITE IN THIS SPACE				
US		US	05			3. Date Incorporated or Qualified				
						1	04/29/1993			
2. Principal P	lace of Business	2a. Mailing Address				_	FEI Number		Apr	plied For
21		26					59-3178759		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			-	Certifcate of Status Desired		\$8.75 A	
22		27	27			3.	Certificate of Status Desired	<u> </u>	Fee Red	quired
City & State		City & State	City & State			1 '	Election Campaign Financing		\$5.00	
23		28				+	Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Cou	ntry		1	This corporation owes the curre	ent year In		□No
24	25		30				Personal Property Tax. Name and Address of New F	teaistered		
9. Name and Address of Current Registered Agent					Name	10.	Hamb and Address of Hew I	.cgistorou		
TAYL	OR, JAMES E JR.ESQ.		ļ	_						
126	EAST JEFFERSON STREET		82 Street A			ess (P.	O. Box Number is Not Accepta	ible)		
ORL	ANDO FL 32801			83						
			ļ						ToeT 7:- C	
				84	City			FL	85 Zip C	,ode
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the al	pove	-named corpo	oration	submits this statement for the	purpose o	f changing its	registered
office or n	egistered agent, or both, in the Stat m familiar with, and accept the oblig	ie of Florida. Such change was au	ıthorized	bv t	the corporation	n's bo	ard of directors. I hereby accep	t the appo	intment as reg	Jistered
	in familiar war, and accept the con-	ganario or, caanor car locad, risin	oo olale							
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered	Agent	signature required	when re	einstating)	DATE		
12.	OFFICERS A	AND DIRECTORS	13.			Α	ADDITIONS/CHANGES TO OF	FICERS A		
TITLE	DPST	☐ DELETE	1.1 117	Œ					☐ Change	Addition
NAME	Hooper, David		1.2 NA	ME						
STREET ADDRESS	1221 VIA DEL MAR	1.3		1.3 STREET ADDRESS						
CITY-ST-ZIP	WINTER PARK FL			ry-st	-ZiP					Addition
TITLE		☐ DELETE 2.1 TI							Change	Addition
NAME ,	· 		2.2 NA							ļ
STREET ADDRESS			J		ADDRESS					j
CITY-ST-ZIP		DELETE	2. 4 CI 3.1 TIT		F-ZIP				☐ Change	Addition
TITLE		D Dett. ic	3.1 M							
NAME					ADDRESS					
STREET ADDRESS			3.4. CI		ſ					
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TIT		1-ZIF				Change	Addition
NAME		2.00	4. 2 N/							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			4,4 CF							
TITLE		☐ DELETE	5.1 TIT			-			☐ Change	☐ Addition
NAME			5.2 NA							
STREET ADDRESS			5.3 ST	REET.	ADDRESS					
CITY-ST-ZIP			5.4 CIT	TY-ST	-ZiP	_				
TITLE		☐ DELETÉ	6.1 TIT	ΓLE					Change	Addition
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 ST	REET.	ADDRESS					
CITY-ST-ZIP			6.4 CF	TY-ST	-ZIP					

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 supplieriental annual report is true and accurate and that my signature shall have the same legal effect as if made under ceath; that I am an officer or director of the corporation or the repeiver 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 addition entire with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

4-30-99

(407) 886-2495

CR2E034 (11/98)