

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 APR -7 AM 5:43****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # P93000033115 (5)**

1. Corporation Name

M AND M WHOLESALE GROWERS INCORPORATED

Principal Place of Business

**41027 SUTORUS RD.
ZEPHYRHILLS FL 33540**

Mailing Address

**41027 SUTORUS RD.
ZEPHYRHILLS FL 33540**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

05/06/1993

3a. Date of Last Report

08/23/1994

4. FEI Number

65-0408242

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

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WELLS, MICHAEL B
41027 SUTORUS ROAD
ZEPHYRHILLS FL 33540**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**C/P
WELLS, MICHAEL B
41027 SUTORUS RD.
ZEPHYRHILLS FL 33540**11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**DST
WELLS, TRACEE S
41027 SUTORUS RD.
ZEPHYRHILLS FL 33540**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**D
JAMES, L. R.
8875 WILLOW RD.
HOLLYWOOD SC 29449**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP☐ Change ☐ Addition

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 110.07(3)(b), 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:

Michael B Wells
Signature and typed or printed name of signing officer or director**3/2/95**
Date**(813) 788-2659**
Telephone Number