

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 5:01

DOCUMENT # P93000044809 (0)

1. Corporation Name

FRESH PRODUCE OF ST. ARMANDS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**373 ST. ARMAND'S CIRCLE
SARASOTA FL 34236**

**373 ST. ARMAND'S CIRCLE
SARASOTA FL 34236**

Do Not Write in This Space

3. Date of latest annual report

06/25/1993

3a. Date of last report

04/14/1994

4. FET Number

65-0412806

Agreed For

Not Applicable

5. Certificate of Status Delivered

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Filing of Corporate Records with Secretary of State

Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Scale: Apt. # etc.

22

Scale: Apt. # etc.

27

City & State

23

City & State

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROGAN, SCOTT
1824 WOOD HOLLOW CT
SARASOTA FL 34236**

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 227.02(2) and 227.02(3) Florida Statutes, the above named corporation, agents, 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 responsibilities of agent under 227.02(3) Florida Statutes.

SIGNATURE

Scott Brogan

Signature of agent of the corporation

4/28/95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

OFFICER	D
NAME	BROGAN, SCOTT J
STREET ADDRESS	1824 WOOD HOLLOW CT
CITY & STATE	SARASOTA FL 34235
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	

OFFICER		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY & STATE		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY & STATE		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY & STATE		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY & STATE		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY & STATE		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY & STATE		

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption under the law of the State of Florida. I further certify that this information is accurate for the year report or supplemental annual report as true and correct and that my corporation shall have the same kept on file and made available to any person who is entitled to the same in accordance with the provisions of the law of the State of Florida. I am familiar with and accept the responsibilities of agent under 227.02(3) Florida Statutes, and that my name appears in Block 12 of this filing as required by the law of the State of Florida.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Brogan
Scott Brogan

4/28/95