FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 Apr 04 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P93000044809 (0) FRESH PRODUCE OF ST. ARMANDS, INC. Principal Place of Business Mailing Address 373 ST. ARMAND'S CIRCLE 373 ST. ARMAND'S CIRCLE SARASOTA FL 34236 SARASOTA FL 34236-1312 3a. Date of Last Report 3. Date Incorporated or Qualified 04/17/1996 06/25/1993 2. Principa' Place of Business 2a. Mailing Address Applied For 4. FEI Number 21 65-0412806 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28  $Z_{\rm IP}$ Ztp Co 8. This corporation has liability for intangible tax under s. 199.032. 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BROGAN, SCOTT Name Sept Brogan
Street Address (P.O. Box Number & Not Acceptable)
4606 Trails Pr Name 1824 WOOD HOLLOW CT New Address SARASOTA FL 34236 ve-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered 11. Pursuant to the previsions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorize agent 1 am familiar with, and accept the obligations of Goction 607,0505, Florida St 4-1-97 gent signature required when reinstaling) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 13 Addition Change TITLE 1.1 BROGAN, SCOTT J NAME New address 1.2 1824 WOOD HOLLOW CT STREET ADDRESS 1.3 ET ADDRESS above SARASOTA FL 34235 CHY-ST-ZIF -ST-ZIP DELETE Change Addition TIFLE 2.1 NAME 2.2 STREET ADORESS 2.3 ET ADDRESS CITY-SI-70F Y-\$1-ZIP BILE DELETE Change Addition 31 HAME 3.2 STREET ADDRESS E**et ad**dress CHY-ST-7IP Y-\$T-ZIP Addition TITLE DELETE 41 NAME STREET ADDRESS EET ADDRESS CHY-S1-ZIP Change ☐ Addition THEF DELETE NAME 5.2 N STREET ADDRESS EET ADDRESS 535 CITY-ST-7/P Y-\$T-ZIP Change Addition 1111. DELETE 6.1 T 6.21 STREET ADDRESS REET ADDRESS 6.3 S

SIGNATURE:

appears in Block 12 or Block

CITY - S1 - ZIP

SIGNATURE AND TYPED OR PRINTED NAM

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and fam an officer or director of the corporation or the receiver or trustee empowered to.

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the courate and that my signature shall have the same legal effect as if made under oath; that xecute this report as required by Chapter 607, Florida Statutes; and that my name

0426720