

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 # **P93000045476**

Corporation Name
R FARMS PRODUCE, INC.

Principal Place of Business
**ORANGE BLOSSOM TRAIL
ORLANDO FL 32805**

Mailing Address
**2601 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32805**

FILED
Feb 05, 1999 8:00am
Secretary of State

02-05-1999 90021 024 ****150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

27

City & State

28

City & State

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**BRADFORD, CARTER A
600 E COLONIAL DR., S-310
ORLANDO FL 32803**

3. Date Incorporated or Qualified

07/01/1993

4. FEI Number

59-3188004

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

I, the undersigned, being duly sworn, certify that I am familiar with 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 agent 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, 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 reinstating)

DATE

OFFICERS AND DIRECTORS

ADDRESS

**PSD
KELLY, OVA F
225 HAMMOCK DUNES
ORLANDO FL**

☐ DELETE

ADDRESS

**VPTD
ROBERTS, GARY S.
106 BISMARCK CT
OCOE FL**

☐ DELETE

ADDRESS

**PSD
KELLY, OVA F
225 HAMMOCK DUNES
ORLANDO FL**

☐ DELETE

ADDRESS

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225 HAMMOCK DUNES
ORLANDO FL**

☐ DELETE

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ORLANDO FL**

☐ DELETE

ADDRESS

**PSD
KELLY, OVA F
225 HAMMOCK DUNES
ORLANDO FL**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 stated 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/99

907-423-8800

CR2E034 (11/98)