

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000055392 (3)

1. Corporation Name

WHALEY'S PRODUCE & MEAT MARKET, INC.



Principal Place of Business

Mailing Address

4205 N FLORIDA AVE
TAMPA FL 33603

4205 N FLORIDA AVE
TAMPA FL 33603

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

WHALEY, ROY A
12005 VERA AVE
TAMPA FL 33618

81

Name

82

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

83

84

City

FL

85

Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent or New Registered Agent

Signature of Registered Agent or New Registered Agent

Date

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

WHALEY, ROY A

STREET ADDRESS

12005 VERA AVE

CITY-STATE-ZIP

TAMPA FL 33618

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 119.07(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 person or persons 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 in an attachment with an address.

SIGNATURE:

Roy A. Whaley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96

CR2E034 (12/95)