

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Barbara B. Withers
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

**APPROVED
AND
FILED**

55 MAY -1 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000010848 (7)

1. Corporation Name

MARY & JOSEPH PRODUCE, INC.

2. Principal Place of Business

**7081 15TH ST E
SARASOTA FL 34243**

2a. Mailing Address

**7081 15TH ST E
SARASOTA FL 34243**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

02/03/1994

3a. Date of Last Report

2. Principal Place of Business

21

State, Apt. #, etc.

2a. Mailing Address

26

State, Apt. #, etc.

22

City & State

27

City & State

23

City & State

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City & State

24

City & State

29

City & State

30

City & State

4. FEI Number

65-0471957

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. The corporation has liability for intangible tax under the 1991 Act,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**TURNER, JOSEPH
7081 15TH ST E
SARASOTA FL 34243**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 of Registered Agent)

(Signature of New Registered Agent)

Date

12. OFFICERS AND DIRECTORS

1. NAME

**D
TURNER, JOSEPH
7081 15TH ST E
SARASOTA FL 34243**

2. NAME

3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

5. NAME

6. STREET ADDRESS
7. CITY, ST, ZIP

☐ Change ☐ Addition

8. NAME

9. STREET ADDRESS
10. CITY, ST, ZIP

☐ Change ☐ Addition

11. NAME

12. STREET ADDRESS
13. CITY, ST, ZIP

☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS
16. CITY, ST, ZIP

☐ Change ☐ Addition

17. NAME

18. STREET ADDRESS
19. CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, voluntarily furnished and does not qualify for the exemption stated in Section 130.07(6)(k), Florida Statutes. I further certify that the information included 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 and/or affixed by 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, as applicable, or on an attachment with an address.

SIGNATURE:

Joseph A Turner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27 1995 795-6112

Date

Telephone Number