

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000038115 (9)**

1. Corporation Name

AMERICAS' PEANUT PRODUCTS CORPORATION



Principal Place of Business

**200 NORTH TAMiami TRAIL
SUITE D
VENICE FL 34292**

Mailing Address

**200 NORTH TAMiami TRAIL
SUITE D
VENICE FL 34292**

3. Date Incorporated or Qualified
05/19/1994

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

21 **312 EAST VENICE AVE**

Suite, Apt. #, etc.

22 **Suite 209**

City & State

23 **VENICE, FL**

Zip

24 **34292**

Country

25 **SARASOTA**

2a. Mailing Address

26 **312 EAST VENICE AVE**

Suite, Apt. #, etc.

27 **Suite 209**

City & State

28 **VENICE, FL**

Zip

29 **34292**

Country

30 **SARASOTA**

4. FEI Number
65-0498594

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**DOUGLAS, PATRICIA L
220 S. FRANKLIN ST.
TAMPA FL 33602**

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VDS** ☐ DELETE
NAME **DURAN, RAMIRO E**
STREET ADDRESS **200 NORTH TAMiami TRAIL**
CITY - ST - ZIP **VENICE FL 34292**

TITLE **P** ☐ DELETE
NAME **CHAVES, JUAN ALBERTO**
STREET ADDRESS **200 NORTH TAMiami TRAIL**
CITY - ST - ZIP **VENICE FL 34292**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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)(k), 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 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.

SIGNATURE:

RAMIRO E. DURAN - VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

(941) 484-4814

Date

Daytime Phone

CR2E034 (12/95)