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FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

312 EAST VENICE AVE  
SUITE 209  
VENICE FL 34292  
US

Mailing Address

312 EAST VENICE AVE  
SUITE 209  
VENICE FL 34292-2621  
US

2. Principal Place of Business

21 MURDOCK PROF CTR

Suite, Apt. #, etc.

22 1777 TAMIA MI TR STE508

City & State

23 PORT CHARLOTTE, FL

City & State

24 33948

Zip

Country

25 Charlotte

City & State

2a. Mailing Address

26 MURDOCK PROF CTR

Suite, Apt. #, etc.

27 1777 TAMIA MI TR STE508

City & State

28 PORT CHARLOTTE, FL

City & State

29 33948

Zip

Country

30 Charlotte

City & State

3. Date Incorporated or Qualified

05/19/1994

3a. Date of Last Report

05/01/1996

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 TAMIA MI TRAIL  
CITY-ST-ZIP VENICE FL 34292

TITLE P ☐ DELETE

NAME CHAVES, JUAN ALBERTO  
STREET ADDRESS 200 NORTH TAMIA MI TRAIL  
CITY-ST-ZIP VENICE FL 34292

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 VDS ☒ Change ☐ Addition

1.2 NAME DURAN, RAMIRO E.  
1.3 STREET ADDRESS 1777 Tamiami Trail, Suite 508  
1.4 CITY-ST-ZIP Port Charlotte, FL, 33948

2.1 TITLE P ☒ Change ☐ Addition

2.2 NAME CHAVES, JUAN ALBERTO  
2.3 STREET ADDRESS 1777 Tamiami Trail, Suite 508  
2.4 CITY-ST-ZIP Port Charlotte, FL, 33948

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E034 (9/96)