

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000069818 (0)**

1. Corporation Name

FRESH FARM PRODUCTS, INC.

Principal Place of Business
**5442 MT. PLYMOUTH RD.
APOPKA FL 32712**

Mailing Address
**5442 MT. PLYMOUTH RD.
APOPKA FL 32712**

DO NOT WRITE IN THIS SPACE

3. Date of expiration of Certificate 3a. Date of Last Report

09/21/1994

4. FIC Number 4a. Agent for

59-3270817

Not Applicable

5. Certificate of Duties Discharged ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation is exempt from the annual report required by Florida Statutes. ☒ No ☐ Yes

2. Principal Place of Business

2a. Mailing Address

21. State Agent # 1st

26. State Agent # 1st

22. City & State

27. City & State

23. City & State

28. City & State

24. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AYERS, ROBERT T
5442 MT. PLYMOUTH RD.
APOPKA FL 32712**

01. Name

02. Street Address (P.O. Box Number is Not Applicable)

03. City

04. State

FL

05. Zip Code

11. I, the undersigned, being duly sworn, depose and say that I am the duly authorized officer or agent of the corporation named herein, and that the information furnished herein is true and correct to the best of my knowledge and belief. I declare under penalty of perjury that the foregoing is true and correct. Executed on this 1st day of May, 1995. At Apopka, Florida.

Signature of Officer or Agent

Printed Name of Officer or Agent

Printed Name of Officer or Agent

City

12. OFFICER OR AGENT (Last, First, Middle)

13. ADDITIONAL CHANGES TO OFFICERS AND AGENTS (Last, First, Middle)

NAME

STREET ADDRESS

CITY

STATE

ZIP

NAME

STREET ADDRESS

CITY

STATE

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption subject to the provisions of the Florida Statutes. I believe and declare that the information furnished 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 member or shareholder authorized to execute this report as required by Chapter 201, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

Robert T. Ayers
Robert T. Ayers

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4-29-95 (407) 298-1070