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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

418 N PINE HILLS ROAD

Country

81 Name

82

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USA

1996

DIVISION OF CORPORATIONS P94000069818 (0) DOCUMENT #

FRESH FARM PRODUCTS, INC.

418 N. PINE HILLS ROAD 26

Country

USA

9. Name and Address of Current Registered Agent

Principal Place of Business

Mailing Address

2a. Mailing Address

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City & State

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27

Suite, Apt. #, etc.

ORLANDO

32811-1653 30

5442 MT. PLYMOUTH RD. APOPKA FL 32712

2. Principal Place of Business

ORLANDO,

3 7411-1653 25

AYERS, ROBERT T

5442 MT. PLYMOUTH RD.

Suite, Apt. #, etc.

# 1

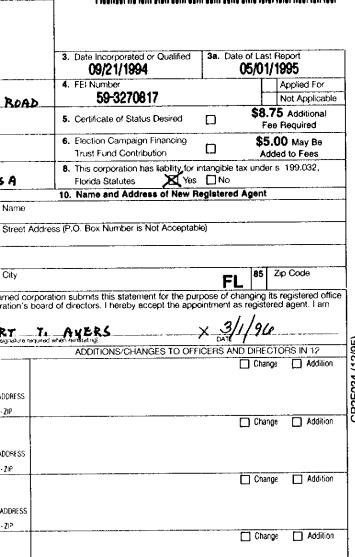
City & State

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5442 MT. PLYMOUTH RD. APOPKA FL 32712



APOPKA FL 32712 84 City 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 Sections 607.0505, Florida Statutes. ROBERT T. AYERS (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE 1 1 TITLE THEF CR2E034 AYERS. ROBERT T 1.2 NAME NAME 5442 MT. PLYMOUTH RD. 1.3 STREET ADDRESS STREET ADDRESS APOPKA FL 1.4 C(1) Y - ST - Z(P) OffY-\$1-7IF DELETE 2 1 TITLE SD TILLE MASSARO, PETER T 2.2 NAME 1327 GROVE ST. 2 3 STREET ADDRESS STREET ADDRESS APOPKA FL 24 CHY - ST - ZIP C-11-S1 ZIP DELFTE VPD 3 1 TITLE T-TLE SMITH, EDWARD 3.2 NAME NAME 2219 MEMAHON COURT 3.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 34 CITY - ST- ZIP CITY ST 712 DELETE 4 1 TITLE 100.6 FULS. WALTER L 4.2 NAME NAM 5442 MT PLYMOUTH RD 4.3 STREET ADDRESS STREET ADDRESS APOPKA FL 4.4 C(TY - \$T - 2)P City - St - ZiE Change ☐ Addition DELÉTE 5 TITLE 1003 5.2 NAME NAVE 5.3 STREET ADDRESS STREET ADDRESS 54 CiTY-ST-ZIP C-Tr - ST - 7 P DELETE ☐ Change Addition THE 6 1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STHEET ACCRESS 64 CITY-S1-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 cath; 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 charged, or on an attachment with an address.