

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 # 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

3. Date Incorporated or Qualified

09/21/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 418 N. PINE HILLS ROAD

26 418 N PINE HILLS ROAD

4. FEI Number

59-3270817

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #1

27 #1

City & State

City & State

23 ORLANDO, FL

28 ORLANDO, FL

Zip

Country

Zip

Country

24 32811-1653 25 USA

29 32811-1653 30 USA

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

10. Name and Address of New Registered Agent

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

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

X Robert T. Ayers

ROBERT T. AYERS

X 3/1/96

Signature (handwritten or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME AYERS, ROBERT T
STREET ADDRESS 5442 MT. PLYMOUTH RD.
CITY-ST-ZIP APOPKA FL

TITLE SD ☐ DELETE

NAME MASSARO, PETER T
STREET ADDRESS 1327 GROVE ST.
CITY-ST-ZIP APOPKA FL

TITLE VPD ☐ DELETE

NAME SMITH, EDWARD
STREET ADDRESS 2219 MEMAHON COURT
CITY-ST-ZIP ORLANDO FL

TITLE TD ☐ DELETE

NAME FULS, WALTER L
STREET ADDRESS 5442 MT PLYMOUTH RD
CITY-ST-ZIP APOPKA FL

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: X Robert T. Ayers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/1/96

DATE

X 293-1070

Daytime Phone #

CR2E034 (12/95)