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Mar 07 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 # P94000069818 (0)

1. Corporation Name
FRESH FARM PRODUCTS, INC.



Principal Place of Business

418 N PINE HILLS ROAD
#1
ORLANDO FL 32811-1653
US

Mailing Address

418 N PINE HILLS ROAD
#1
ORLANDO FL 32811-1653
US

3. Date Incorporated or Qualified

09/21/1994

3a. Date of Last Report

03/14/1996

2. Principal Place of Business

21 411 N. ORANGE BLVD. TRAIL
Suite, Apt. #, etc.

2a. Mailing Address

26 411 N. ORANGE BLVD. TRAIL
Suite, Apt. #, etc.

22 #1

27 #1

City & State

City & State

23 ORLANDO, FL
Zip Country

28 ORLANDO, FL
Zip Country

24 32805 25 U.S.

29 32805 30 U.S.

4. FEI Number

59-3270817

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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

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 of registered agent or principal officer of corporation and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

TD
FULS, WALTER L.
4921 TAM DR.
ORLANDO, FL 32805

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.

SIGNATURE: Robert T. AYERS Robert T. Ayers 3/4/97 407-649-4722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

000000

CR2E034 (9/96)