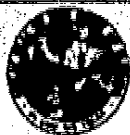


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000077825 (5)

1. Corporation Name

FLORIDA'S FINEST FRUIT COMPANY, INC.

**APPROVED
AND
FILED**

95 APR 20 AM 10:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**2787 E. OAKLAND PARK BLVD.
SUITE 214
FT. LAUDERDALE FL 33306**

**2787 E. OAKLAND PARK BLVD.
SUITE 214
FT. LAUDERDALE FL 33306**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/21/1994

3a. Date of Last Report

N/A

4. FEI Number

59 - 3272864

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. 190.022,
Florida Statutes. ☒ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICHARDSON, JAMES S
2896 UNIVERSITY DRIVE
SUITE 22
CORAL SPRINGS FL 33065**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2787 E OAKLAND PARK BLVD.

83 SUITE 214

84 City FORT LAUDERDALE

FL

85 Zip Code 33306

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **CALDERON, AMIE**
STREET ADDRESS **2915 S.W. 13TH ST APT 77**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V/D** ☐ Change ☒ Addition

1.2 NAME **PATRICIA RICHARDSON**
1.3 STREET ADDRESS **38 CUSTER ST APT 2**
1.4 CITY-ST-ZIP **JAMAICA PLAIN, MA 02130**

2.1 TITLE **S/T/D** ☐ Change ☒ Addition

2.2 NAME **ERIN RICHARDSON**
2.3 STREET ADDRESS **2554 N.W. 99 AV**
2.4 CITY-ST-ZIP **LOCAL SPRINGS, FL 33065**

3.1 TITLE **P** ☐ Change ☒ Addition

3.2 NAME **AMIE CALDERON**
3.3 STREET ADDRESS **2915 S.W. 13TH ST APT 77**
3.4 CITY-ST-ZIP **GAINESVILLE, FL 32608**

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Erin T. Richardson Erin T. Richardson - Sec.

4/13/95

568-1773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature (Block 8)