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 # **P94000090868 (8)**

1. Corporation Name

CAMIELLE'S SPECIALTY PRODUCE, INC.

Principal Place of Business	Mailing Address
4220 GULFSTREAM DR UNIT 6 NAPLES FL 33962 US	4220 GULFSTREAM DR UNIT 6 NAPLES FL 33962 US

3. Date Incorporated or Qualified: **12/15/1994**

3a. Date of Last Report: **03/27/1995**

4. FEI Number: **65-0542718** — 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

2. Principal Place of Business	2a. Mailing Address
21 1335 ANDROS AVENUE	26 1335 ANDROS AVE
22 Street Apt. #, etc. —	27 Street Apt. #, etc.
23 City & State: MARCO ISLAND, FLORIDA	28 City & State: MARCO ISLAND FLA.
24 Zip: 33937 — 25 Country: U.S.	29 Zip: 33937 — 30 Country: U.S.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MORRIS, WILLIAM G
247 N COLLIER BLVD SUITE 202
MARCO ISLAND FL 33937

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 617.1502, 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: William G Morris — 1/18/96
(Signature of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 Title: D	☐ DELETE	11 Title	☐ Change ☐ Addition
12 Name: AYLWIN, ROBERT		12 Name	
13 Street Address: 4220 GULFSTREAM DR #6		13 Street Address	
14 City-St-Zip: NAPLES FL		14 City-St-Zip	
21 Title	☐ DELETE	21 Title	☐ Change ☐ Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City-St-Zip		24 City-St-Zip	
31 Title	☐ DELETE	31 Title	☐ Change ☐ Addition
32 Name		32 Name	
33 Street Address		33 Street Address	
34 City-St-Zip		34 City-St-Zip	
41 Title	☐ DELETE	41 Title	☐ Change ☐ Addition
42 Name		42 Name	
43 Street Address		43 Street Address	
44 City-St-Zip		44 City-St-Zip	
51 Title	☐ DELETE	51 Title	☐ Change ☐ Addition
52 Name		52 Name	
53 Street Address		53 Street Address	
54 City-St-Zip		54 City-St-Zip	
61 Title	☐ DELETE	61 Title	☐ Change ☐ Addition
62 Name		62 Name	
63 Street Address		63 Street Address	
64 City-St-Zip		64 City-St-Zip	

CR2E034 (12/95)

14. I 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)(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 added to the report or in an attachment with an address.

SIGNATURE: Robert Aylwin — ROBERT NELSON AYLWIN III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 (Date) — (941) 642-1495 (Daytime Phone Number)