## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000013757 (6) DOCUMENT # J & L PRODUCE, INC. Principal Place of Business Mailing Address 1112 MARK AVENUE 1112 MARK AVENUE **ELLENTON FL 34222 ELLENTON FL 34222** 3. Date Incorporated or Qualified 3a. Date of Last Report 02/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For 21 26 65-0557837 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 No Florida Statutes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name GRIMES, WILLIAM C 82 Street Address (P.O. Box Number is Not Acceptable) 1023 MANATEE AVENUE WEST **BEADENTON FL 34205** 83 84 Zip Code Bradenton 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 familiar with, and accept the obligations of, Section 607,0505, Florida Statutes 12. 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 familiar with, and accept the obligations of, Section 607,0505, Florida Statutes SIGNATURE Signature, typed or printed name of rug stereit agent and stellif administra (NOTE: Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS CR2E034 (12/95) 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE. 1 1 THUE Change Addition WILSON, JONATHAN W NAME 1.2 NAME 1112 MARK AVENUE STREET ADDRESS 1.3 STREET ADDRESS **ELLENTON FL 34222** CITY-ST-ZIP 14 CITY - \$1 - 712 TITLE DELETE 2 1 TITLE Change Addition WILSON, THELMA L NAME 2.2 NAME 1112 MARK AVENUE STREET ADDRESS 2.3 STREET ADDRESS **ELLENTON FL 34222** CITY-ST-ZIP 24 CITY - ST - ZIP DELETE 3 1 TITLE Change Addition NAME 3.2 NAM5 STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-ZIP 3 4 CITY - \$1 - ZIP TITLE DELETE 4. 1 TIT∈€ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIF TITLE DELFTE 5 1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STHEET ADDRESS CITY-ST-ZIP 5.4 C-TY - ST - 7/P TITLE DELETE 6 1 TILLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7IP 64 CITY - ST - 7IP 14. I do hereby certify that the information supplied with this filling 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 appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND APED OR PHRITED NAME OF SIGNING OFFICENCER DIRECTOR

JONA CHARLE

WILSON

5/2/8/2 (941) 722-6862