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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

1. Corporation Name

SIGNATURE:

P95000032822 (5)

FLORIDA GREENHOUSE PRODUCE CORPORATION

Mailing Address Principal Place of Business 1850 FOREST HILL BLVD. 101 1850 FOREST HILL BLVD. 101 W PALM BEACH FL 33406 W PALM BEACH FL 33406 3. Date Incorporated or Qualified 3a. Date of Last Report 04/26/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-058491 26 21 \$8.75 Additional Suite, Apt. #. etc Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 23 28 This corporation has liability for intangible tax under s. 199.032. Country Country Zio Zφ Florida Statutes Yes □ No 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 CRENSHAW, PHILLIP T Street Address (P.O. Box Number is Not Acceptable) 82 1850 FOREST HILL BLVD, 101 83 W PALM BEACH FL 33406 85 Zip Code R4 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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. Thereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of Section 607.0505, Florida Statules. SIGNATURE (NOTE: Registeron Agent signature required when mostative) $\hat{}$ Skynature, typed or price-traile, of registere tay of a situal strict accomplish (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DPS DELETE 1 1 THE THTLE CR2E034 CRENSHAW, PHILLIP T 1.2 NAME NAMÉ 1850 FOREST HILL BLVD. 101 1.3 STREET ADDRESS STREET ADDRESS W PALM BEACH FL 33406 1.4 CHY - ST - ZIP CITY - ST - ZIP ☐ Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CIDY - ST. ZIP CITY - ST - ZIP Change Addition DELETE. 3 1 TIFLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 City - S1 - Ziff CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - ST - ZiP CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - St - ZIP Change Addition DELETE 6 1 THE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 64 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 early; 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 the address CITY-ST-ZIP

4-30-06 (407/641-4800