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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000070805 (3) DOCUMENT #

1. Corporation I	Name HOTEN PRODUCE COMP	PANY	, -						
Principal Place of Business Mailing Address							# 10011001 110 10101 01111 00111 00111 00111 00111	 	10101-0111-1001
1018 EAST OL LAKELAND FL		1018 EAST OLEANDER STREET LAKELAND FL 33801							
							Date Incorporated or Qualified 3a. Da 09/11/1995	te of Last Re	port
Principal Place of Business 2a. Mailing			ng Address				4. FEI Number	L	pplied For
1	46.44	26					55-3336856		lot Applicable
Suite, Apf. #	, etc.	Suite. Apt. #, etc				5. Certificate of Status Desired		Additional lequired	
2		27					C Fleeting Committee Financing		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
3 ZIP	Country	Z _{ID}		Count	lry		This corporation has liability for intangible		
4	25	29		30	,		Florida Statutes Ses No		
<u>-</u>	g. Name and Address of Cui		ent	1			10. Name and Address of New Registere	d Agent	
or registere familiar with SIGNATURE	ed agent, or both, in the State of F a, and accept the obligations of, S	londa. Such change Section 607.0505, Fil	was authorize orida Statutes.	ed by the oc	arpo	ration s L	poration submits this statement for the purpose of coord of directors. I hereby accept the appointment	hanging its re	egistered offi agent. I am
Signal the typod or printed traine of registered agent and told applicable (2001) 12. OFFICERS AND DIRECTORS					I 13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TIZ.	D		DELETE	1 1 1 1 1	į F		TEXTIGITO OF THE SECTION OF THE SECT	Change	☐ Addition
NAME	ELLIOTT, MARK A	_		1.2 NAA	ΜE				
STHEET ADDRESS	1018 EAST OLEANDER ST	reet		13 S I R	EF1 A	ADDRESS			
CITY - ST - ZIP	LAKELAND FL 33801			1.4 GIT	Y - ST	- ZiP			
TITLE	D		DELETE	2 1 117	LF			Change	☐ Addition
NAME	CURTIS, THOMAS II			2 2 NAM	ME		carl T. Courtis II		
STREET ADDRESS	1018 EAST OLEANDER S	TREET		23 STA	KEE!	ADDRESS			
CITY - S1 - ZIP	LAKELAND FL 33801			2.4.0(1	y - ST	- 216			
TITLE	D] DELETE	3 1 111	Lŧ	ĺ	a assis salas	💢 Change	Addition
NAME	WROTEN, L A			3 2 NA	ME	j	L. Allen wroten		
STREET ADDRESS	1018 EAST OLEANDER S	TREET		33 \$1	REET	ADDRESS			
CITY - ST - ZIP	LAKELAND FL 33801			3 4 CIT		- ZIP			
TITLE	D		DELETE	4 1 1)1	LE.			☐ Change	☐ Additio

6.4 City - \$1 - ZIP 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 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 changes, or guard attachingst with an indiress.

4.2 NAME

5 1 1/1LF

5.2 NAME

6 1 TITLE

6.2 NAME 6.3 STREET ACCRESS

4.3 STREET ADDRESS

5.3 STHEET ADDRESS

5 4 CHTY - ST - ZIP

4.4 CITY - ST - 7(P

SIGNATURE:

WROTEN, LEE A

LAKELAND FL 33801

1018 EAST OLEANDER STREET

TITLE

NAME

THILE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

DELETE

4-12-96 682-2184 5 G- 41-18-96

☐ Change

300001786433 -04/19/96--01005--04/Change ***200.00

Addition

Addition