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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretury of State

DIVISION OF CORPORADONS 1996 P95000073097 (4) **DOCUMENT #**  Corporation Name NATURE'S BEST PRODUCE, INC. Mailing Address Principal Place of Business 1722 63RD TERRACE SOUTH 1722 63RD TERRACE SOUTH SAINT PETERSBURG FL 33712 SAINT PETERSBURG FL 33712 3. Date Incorporated of 09/21/1995 or Qualified 3a. Date of Last Report Applied For Principal Place of Business 2a. Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite. Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Ζıp Country Zio [] Yes No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 83 85 Zip Code 84 City 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 Suprature, typed or protest martie of respecterist agent and title of apply such ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition PTD DELETE 1 1 TITLE TITLE CR2E034 GRAHAM, B.J. 1.2 NAME NAME 1722 63RD TERRACE SOUTH 1.3 STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33712 14 CITY - ST - ZIP CHTY - S1 - ZIP Change Add tion VSD DELETE 2 1 100:18 TITLE GRAHAM, PAULINE S 2.2 NAME NAME 1722 63RD TERRACE SOUTH 2.3 STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33712 24 E/TY - ST. ZIP CHTY-ST-ZiP Change neitibbA [ DELETE 3 1 TITLE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY-ST-209 CITY - \$1 - 7IP Addition ☐ DELETE 4 I TillE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY - ST - ZIP 5 1 10148 ( 300001875753 DELETE TITLE -06/26/96--01023--034 5.2 NAME NAME \*\*\*225.00 5.3 STREET ADDRESS STREET ADDRESS 5 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 - Hadher certify that the information indicated on this action report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the opporation. 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 to place or on an attachment with an address. CITY-ST-ZIP

6 1 TIFLE

6.3 STREET ADDRESS

6.4 C(TY - S1 - ZIP)

TITLE NAME

STREET ADDRESS

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

(12/95)