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Jun 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # p95000076000 (5)

1. Corporation Name

SANFORD PRODUCE EXCHANGE, INC.

Principal Place of Business

533 N. NOVA ROAD # 115
ORMOND BEACH, FL 32324

Mailing Address

SAME

3. Date Incorporated or Qualified
9/29/95

3a. Date of Last Report
4/97

2. Principal Place of Business
1300 FRENCH AVENUE

2a. Mailing Address
BOX 2-G SAME

4. FEI Number
59-3342970

Applied For
Not Applicable

Suite, Apt. #, etc.
18 BOX 2-C

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
SANFORD, FL 32771

City & State
SANFORD, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
32771

Country

Zip
32771

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, JOSEPH P., SR.
533 N. NOVA ROAD ST 115
ORMOND BEACH, FL 32174

81 Name
ANGELINA GIUFFRIDA
82 Street Address (P.O. Box Number is Not Acceptable)
1300 FRENCH AVENUE # 18 BOX 2-C
83
84 City
SANFORD **FL** 85 Zip Code
32771

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

[Signature]

ANGELINA GIUFFRIDA

6-21-97

Signature typed or printed name of registered agent, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVTSD** ☒ DELETE
NAME **ANTHONY THOMAS**
STREET ADDRESS **1300 FRENCH AVE # 18**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PVSTD** ☐ Change ☒ Addition
1.2 NAME **ANGELINA GIUFFRIDA**
1.3 STREET ADDRESS **1300 FRENCH AVENUE # 18**
1.4 CITY-ST-ZIP **SANFORD, FL 32771**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE:

[Signature]

ANGELINA GIUFFRIDA, PRESIDENT

6-21-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)