## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000082335 (7)

PATE'S PRODUCE & POULTRY, INC.

Principal Place of Business		Mailing Address		1 18831683 ILO EDEGI BEHI BOHI ODHI ODH	A BRION SEILD LINDS INION INCEL BASE INDI	
1301 EVERITT AVE. PANAMA CITY FL 32401		1301 EVERITT AVE. PANAMA CITY FL 32401-	5031			
					3. Date incorporated or Qualified 10/23/1995	3a. Date of Last Report 05/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		6 <del>5-1625290</del> 62-16	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,	
24	25	[29]	30			Yes UNo
	9. Name and Address of Currer	nt Hegistered Agent		ame	10. Name and Address of New Reg	Jistered Agent
	e, emmett		Bi   N	ame		
1301 EVERITT AVE.			<b>82</b> S	treet Addre	ess (P.O. Box Number is Not Acceptab	le)
PAN	IAMA CITY FL 32401		83			
			83			
			<b>84</b> C	ity		FL 85 Zip Code
agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Status of Florida. Such change was lations of, Section 607.0505, F	ites, the above-na authorized by the lorida Statutes.	amed corp e corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	en: and title if applicable (NC	TE Registered Agent si	gnalure require	ed when reinstating)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	P	DELETE	ELETE 1.1 TITLE			☐ Change ☐ Addition
NAME	PÁTE, EMMETT	1.				
STREET ADDRESS	1301 EVERITT AVE.		1.3 STREET ADDR			
CITY-\$T-ZIP	PANAMA CITY FL 32401		1.4 CHY-S1-2IP			
TITLE	VP	DELETE	2.1 1IILE			Change
NAME	PATE, SANDRA		2.2 NAME			
STREET ADDRESS	1301 EVERITT AVE.	1301 EVERITT AVE.		RESS		
CITY-ST-ZIP	PANAMA CITY FL 32401	CITY FL 32401 2.40		lb.		
TITLE	T	DELETE	TE 3.1 TITLE			Change Addition
NAME	Brooks, annette		3.2 NAME			
STREET ADDRESS	3430 VENETIAN CIRCLE		3.3 STREET ADE	RESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		3.4. CITY - ST - 7	TP.		
TITLE	8	☐ DELETE 4.1				Change Addition
NAME	Flowers, Denise		4, 2 NAME	1		
STREET ADDRESS	1301 EVERITT AVE.		4.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32401		4.4 C(1Y - S1 - Z)	P		
TITLE		DELETE	5.1 11111			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADD	DRESS		
CITY-ST-ZIP			5 4 CiTY - ST - 7	Р		
TITLE		☐ DELETE	61 TITLE			Change Addition
NAME			6.2 NAME			
1 570555 4000500	I		C O CIDELL ADD	ancee 1		

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 autochment with an address.

SIGNATURE:

W. to -50 NDOO

PATE 4/14/90

904-763-7001

**FILED** 

Apr 23 1997 8:00am

Secretary of State