## 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 # P9600001446 (9)

DOLLY'S PRODUCE PATCH, INC.

Principal Place of Business Mailing Address

27961 MICHIGAN ST SE 27961 MICHIGAN ST SE
BONITA SPRINGS FL 33923 BONITA SPRINGS FL 34135-4680

## FILED Apr 30 1997 8:00am Secretary of State



| BONITA SPRINGS FL 33923                   |  |                                 |   |                                       |                         | BONITA SPRINGS FL 34135-4680                                      |                                     |                                 |                            |   |  |                          |                          |                                |
|---|--|---------------------------------|---|---------------------------------------|-------------------------|---|-------------------------------------|---------------------------------|----------------------------|---|--|--------------------------|--------------------------|--------------------------------|
|   |  |                                 |   |                                       |                         |   |                                     |                                 |                            |   | 3. Date Incorporated or Qualified 12/29/1995                                 |                          | ate of Last I            | Report                         |
| 2. Principal Place of Business            |  |                                 |   |                                       | 2a. Mailing Address     |   |                                     |                                 |                            |   | 4. FEI Number  |                          |                          | pplied For                     |
| 21  |  |                                 |   |                                       | 26                      |   |                                     |                                 |                            |   | 65-0632939   |                          | N                        | lot Applicable                 |
| Suite, 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 34                                    | 34135 Country                                    |                                 |   |                                       | ├ <del>-</del> -1       |   |                                     | Country                         | 1                          | 8. This corporation has liability for intangible tay under s. 199.032,    |  |                          |                          | s. 199.032,                    |
| 24 39100 25 9, Name and Address of Curren |  |                                 |   |                                       | 29                      |   |                                     |                                 |                            | Florida Statutes Yes 1/2 No  10. Name and Address of New Registered Agent |  |                          |                          |                                |
| AL III                                    |  |                                 | 001888 01 0                               | urierii ne                            | yısı                    | resen whelir  |                                     | 81                              | Name                       |   | 10. Name and Address of New H  | egistered                | Agent                    |                                |
| QUINN, JEFFREY C                          |  |                                 |   |                                       |                         |   |                                     | ٠.                              | INATIO                     |   |  |                          |                          |                                |
| 307 AIRPORT RD N<br>NAPLES FL 33942       |  |                                 |   |                                       |                         |   | 82 Street Add                       |                                 |                            | Addres  | s (P.O. Box Number is Not Accepta  | ble)                     |                          |                                |
| NAP                                       | LES PL 338                                       | 942                             |   |                                       |                         |   |                                     | <b>B3</b>                       |                            |   |  |                          |                          |                                |
|   |  |                                 |   |                                       |                         |   |                                     |                                 |                            |   |  |                          |                          |                                |
|   |  |                                 |   |                                       |                         |   |                                     | 84                              | City                       |   |  | FL                       | .     '                  | Code                           |
| 11. Pursuant office or r agent. I a       | to the provis<br>registered ag<br>am familiar wi | ions of<br>pent, or<br>ith, and | Sections 60<br>both, in the<br>accept the | 7.0502 an<br>State of F<br>obligation | d 60<br>forid<br>is of, | 07.1508, Florida Sta<br>Ia. Such change wa<br>, Section 607.0505, | atutes, th<br>as autho<br>, Florida | e above<br>rized by<br>Statute: | e-riamed<br>the corp<br>3. | corpor<br>poration  | ation submits this statement for the<br>is board of directors. I hereby acce | purpose of<br>pl the app | f changing<br>ointment a | its registered<br>s registered |
| SIGNATURE                                 |  |                                 |   |                                       |                         |   |                                     |                                 |                            |   |  |                          |                          |                                |
| 12.                                       | Signature, typed                                 | or printe                       | OFFICER                                   |                                       |                         |   |                                     |                                 | ol signature               | periuper  | when reinstaling)  | DATE                     |                          |                                |
| TITLE                                     | D  |                                 | OFFICER                                   | 2 MALLEN                              | HE C                    | DELETE  |                                     | 13.                             |                            |   | ADDITIONS/CHANGES TO OFFI  | CERS AND                 |                          |                                |
| NAME                                      | SCOTT, D   | ADI E                           | NE  |                                       |                         |   |                                     | I.1 THILE                       |                            |   |  |                          | Change                   | Addition                       |
| STREET ADDRESS                            | 2191 SAN   |                                 |   |                                       |                         |   |                                     | I.2 NAME                        | IODOSCO                    |   |  |                          |                          |                                |
| CITY-ST-ZIP                               | NAPLES I   |                                 |   |                                       |                         |   |                                     | L3 STREET                       |                            |   |  |                          |                          |                                |
| TITLE                                     | V  | L 04                            | 102                                       |                                       |                         | DELETE  |                                     | 1.4 CITY - S<br>2.1 TITLE       | 1 - ZIP                    |   |  |                          | Change                   | Addition                       |
| NAME                                      | ALANDER  | RAN                             | ΠY  |                                       |                         |   |                                     | 2.2 NAME                        |                            |   |  |                          | [_] Glange               | L. Addition                    |
| STREET ADDRESS                            | 2191 SAN   |                                 |   |                                       |                         |   |                                     | CZ INGWIE<br>2.3 STREET         | ADDDCCC                    |   |  |                          |                          |                                |
| CITY-ST-ZIP                               | NAPLES I   |                                 |   |                                       |                         |   |                                     | : 4 CITY - 5                    |                            |   |  |                          |                          |                                |
| TITLE                                     | ST   | 2 01                            |   |                                       |                         | DELETE  |                                     | : 4 Citter<br>3.1 Title         | 51 - ZIF                   |   |  |                          | Change                   | Addition                       |
| NAME                                      | SCOTT, G   | SERAL                           | D   |                                       |                         | _   |                                     | 1.2 NAME                        |                            |   |  |                          |                          |                                |
| STREET ADDRESS                            | 2191 SAN   |                                 |   |                                       |                         |   |                                     | 9.3 STREET                      | ADDRESS                    |   |  |                          |                          |                                |
| CITY-ST-ZIP                               | NAPLES 1   |                                 |   |                                       |                         |   | 3                                   | 1.4 CHY-5                       | 51 - ZIP                   |   |  |                          |                          |                                |
| TITLE                                     |  |                                 |   |                                       |                         | DELETE  |                                     | 1.1 1111.6                      |                            |   |  |                          | ☐ Change                 | Addition                       |
| NAME                                      |  |                                 |   |                                       |                         |   | 4                                   | . 2 NAME                        |                            |   |  |                          |                          |                                |
| STREET ADDRESS                            |  |                                 |   |                                       |                         |   |                                     | I.3 STREET                      | ADDRESS                    |   |  |                          |                          |                                |
| CITY-ST-ZIP                               |  |                                 |   |                                       |                         |   |                                     | I.4 CITY - S                    | T - <b>2</b> 1P            |   |  |                          |                          |                                |
| TITLE                                     |  |                                 |   |                                       |                         | DELETE  |                                     | .1 TITLE                        |                            |   |  |                          | ☐ Change                 | Addition                       |
| NAME                                      |  |                                 |   |                                       |                         |   |                                     | .2 NAME                         | [                          |   |  |                          |                          |                                |
| STREET ADDRESS                            |  |                                 |   |                                       |                         |   |                                     | .3 STREET                       | ADDRESS                    |   |  |                          |                          |                                |
| CITY-ST-ZIP                               |  |                                 |   |                                       | . =                     |   |                                     | .4 CITY-S                       | T - ZIP                    |   |  |                          |                          |                                |
| TITLE                                     |  |                                 |   |                                       |                         | DELETE  | 6                                   | i.1 11) (E                      |                            |   |  |                          | Change                   | Addition                       |
| NAME                                      |  |                                 |   |                                       |                         |   | {                                   | .2 NAME                         | İ                          |   |  |                          |                          |                                |
| STREET ADDRESS                            |  |                                 |   |                                       |                         |   | 6                                   | i.3 S1REE1                      | ADDRESS                    |   |  |                          |                          |                                |
| CITY-ST-ZIP                               |  |                                 |   |                                       |                         |   | E                                   | 64 CHY+S                        | 1 - 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 eath; 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.

CIGNATURE ROLL MALLE RANGE MALE

Wheb.

10 . 100 . 0000