

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000028286 (8)

1. Corporation Name

MIDSTATE PRODUCE, INC.

Principal Place of Business

Mailing Address

18851 47 PL
MORRISTON FL 32668

18851 47 PL
MORRISTON FL 32668-3920



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 2150 NE 200th Ave		26 P.O. Box 257		03/25/1996		—	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Morriston, FL		28 Morriston FL		59-3371985		Not Applicable	
24 32668		25 USA		5. Certificate of Status Desired		8.75 Additional Fee Required	
29 32668		30 USA		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☐ Yes ☒ No	

CALHOUN, RONALD C
18851 47 PL
MORRISTON FL 32668

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE		1.1 TITLE	Secretary	☐ Change	☒ Addition
NAME	CALHOUN, RONALD C			1.2 NAME	Elizabeth D. Calhoun		
STREET ADDRESS	RT 1 BOX 267 E 18871 SE 47th PL			1.3 STREET ADDRESS	18851 SE 47th PL		
CITY-ST-ZIP	MORRISTON FL 32668			1.4 CITY-ST-ZIP	Morriston, FL 32668		
TITLE		☐ DELETE		2.1 TITLE		☐ Change	☐ Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		☐ DELETE		3.1 TITLE		☐ Change	☐ Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE		☐ Change	☐ Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE		☐ Change	☐ Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE		☐ Change	☐ Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 REQUIRED

4-28-97 (357)578-9373

CR2E034 (9/96)