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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000033104 (6)

T & C PRODUCE, INC.

FILED Jun 18 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 3000 CASE ROAD 3000 CASE ROAD LABELLE FL LABELLE FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/12/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0715736 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes ☐ No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TOLAR, DEBRA 3000 CASE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) LABELLE FL 83 RA City Zip Code 11. Porsuant to the provisions of Sections 607.05.02 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 ten if applicable (NOTE: Registered Agent a greature required when reinstating) CR2E034 (10/97) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change PVST 1.1 TITLE TITLE **TQL**AR, DEBRA NAME 1.2 NAME 3000 CASE ROAD STREET ADDRESS 1.3 STREET ADDRESS ABELLE FL 1.4 CITY - ST- ZIP CITY-ST-ZIP DELFTE Change Addition 2.1 THE TITLE **TOL**AR, DEBRA NAME 2.2 NAME **300**0 CASE ROAD STREET ADDRESS 2.3 STREET ADDRESS **Å**BELLE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELE 1E TITLE 5.1 TITLE ... Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***150.06 CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 of supplicit atmust 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.

CICALATURE

Tools 100

6-3-98

941-675-5821