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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000038632

NAME

CAL'S PRODUCE MARKET, INC. Mailing Address 972 CASSAT AVE 12 CASSAT AVE 13 ACKSONVILLE FL 32205 2. Principal Place of Business 3. Data Incorporated or Qualified 04/29/1996 4. FEI Number 59-3227803 5. Certificate of Status Desired 9-3227803 5. Certificate of Status Desired 9-3227803 5. Certificate of Status Desired 9-3227803 7. Electhon Campaign Financing Added to 13
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3. Date Incorporated or Qualifed 04/29/1996 4. FEI Number 59-3227803 5. Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State City & State Zip Country Zip Country Zip Country 3. This corporation owes the current year Intangible Personal Property Tax. Street Address of New Registered Agent 13. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 13. This corporation owes the current year Intangible Personal Property Tax. Street Address (P.O. Box Number is Not Acceptable) 14. 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 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 re 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 re 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 re 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 re 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 re 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 re 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 re 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 re
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City & State Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip 85 Zip 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 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 reconfice 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 reconfice 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 reconfice 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 reconfice or registered agent agent and title if applicable (NOTE Registered Agent signature required wheff reinstating) 11. Pursuant to the provisions of Sections 607.0505, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY. ST. ZIP 12. NAME 13. STREET ADDRESS 14. CITY. ST. ZIP Change C
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14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

6.3 STREET ADDRESS

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90016 049 ***150.00