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

**FILED
Apr 13 1998 8:00am
Secretary of State**

DOCUMENT # P96000040857 (0)

1. Corporation Name

TOP SHELF PRODUCE GROWERS INC.

Principal Place of Business	Mailing Address
1332 S.E 4TH AVE. DEEFIELD BEACH FL 33441	1332 S.E. 4TH AVE. DEEFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/06/1996

4. FEI Number
22-3450655 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

	2. Principal Place of Business		2a. Mailing Address
21		26	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

BOYD, CHRISTOPHER
1332 S.E. 4TH AVE.
DEEFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name *Christopher Boyd*
82 Street Address (P.O. Box Number is Not Acceptable) *1332 SE 4 Ave*
83
84 City *Deerfield Bch* FL 85 Zip Code *33441*

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.
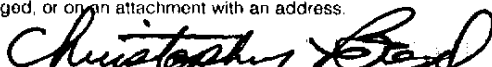
SIGNATURE X *Christopher Boyd*

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME BOYD, BARBARA K		1.2 NAME	
STREET ADDRESS 1332 S.E. 4TH AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP DEEFIELD BEACH FL 33441		1.4 CITY-ST-ZIP	
TITLE P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME BOYD, CHRISTOPHER		2.2 NAME	
STREET ADDRESS 1332 S.E. 4TH AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP DEEFIELD BEACH FL 33441		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 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: X *Christopher Boyd*

CR2E034 (10/97)