

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 11 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 # P96000057109 (6)

1. Corporation Name

ORANGE PARK PRODUCE, INC.

Principal Place of Business

570 KINGSLEY AVENUE
ORANGE PARK FL 32073-4830

Mailing Address

570 KINGSLEY AVENUE
ORANGE PARK FL 32073-4830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1996

3a. Date of Last Report

N/A

4. FEI Number

59-3389332

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

WINKLER, JOHN S
2515 OAK STREET
JACKSONVILLE FL

10. Name and Address of New Registered Agent

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WINFIELD, RAYMOND J JR.
STREET ADDRESS 22250 PROVIDENCE DRIVE STE 203
CITY-ST-ZIP SOUTHFIELD MI 48075-6285

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, D
1.2 NAME KENNETH JEZIERSKI
1.3 STREET ADDRESS 1013 NEBOBISH
1.4 CITY-ST-ZIP ESSEXVILLE, MI 48732

2.1 TITLE U, D
2.2 NAME CHERYL JEZIERSKI
2.3 STREET ADDRESS 1013 NEBOBISH
2.4 CITY-ST-ZIP ESSEXVILLE MI 48732

3.1 TITLE T, S, D
3.2 NAME DAVID A JEZIERSKI
3.3 STREET ADDRESS 29 A JUDSON CIRCLE
3.4 CITY-ST-ZIP ORANGE PARK FL 32073

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

DAVID A JEZIERSKI 9/5/97 904-278-0120

CR2E034 (4/97)