## 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.)

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000089644 (4) DOCUMENT #

FLORIDA PACIFIC PRODUCE, INC.

97 AUG 13 AM 10: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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	ce of Business	Mailing Address		, , , , , , , , , , , , , , , , , , ,	
413 13TH 81 Ruskin FL :		413 13TH STREET, N.E. Ruskin Fl 33570			
				DO NOT WRITE I	
				3. Date Incorporated or Qualified 12/01/1996	3a. Date of Last Report  NIA
	Place of Business	2a. Mailing Address	,	4. FEI Number	↓ Applied For
21 520	07 N. 3619 Street	126 P.O. BOX	<u>~316033</u>	59-3410314	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Sta	le T	City & State		6. Election Campaign Financing	\$5.00 May Be
23 1 (3)	$m_{M_{M_{1}}}$	28 Jan Pa,	T L	Trust Fund Contribution	Added to Fees
Zip 24 33 (o	Country (\$\int \text{Country} \\ \text{25}  \text{1}  \text{S}  \text{A}  \text{.}	Zíp	Country	8. This corporation owes or has paid	
24 <b>33</b> 6	9. Name and Address of Current	29 33 (0 S) 30	<u>  0.3.77.</u>	Personal Property Tax due June 3  10. Name and Address of New Reg	
GUTIERREZ, FRANCISCO 81 Name				IV. Name and Address of New York	Stered Agent
A12 12TH CTDEET N.E				NIH	
RUSKIN FL 33570 Street A				ress (P.O. Box Number is Not Acceptable	e)
	DOMIN I E 000/U		83		
			84 City		85 Zip Code
44 Durayant	to the provinces of Continue 607 0502	and CO7 1500 Florida Ctatutas	the obeye comed cor	and an authority this atstance to the	FL   S   Z   S   S   S   S   S   S   S   S
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 lamitiar 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  DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	T D	☐ DELETE	1.1 THLE #	5	De Oberes de descriptor
NAME	GUTIERREZ, FRANCISCO		1.2 NAME		
STREET ADDRESS	413 13TH STREET, N.E.		1.3 STREET ADDRESS	1011373 2014444	701040007 .00 ****165.00
CITY-ST-ZIP	RUSKIN FL 33570		1.4 CITY-ST-ZIP		.00 ****102,00
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME	İ		2.2 NAME		Ť
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 City-ST-ZIP		N
TITLE		☐ DELETE	3.1 TITLE		Change Addition
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STREET ADDRESS	1				
CITY-ST-ZIP	1		3.3 STREET ADDRESS		[
	<del> </del>		3.3 STREET ADDRESS 3.4. City-St-Zip	<u> </u>	
TITLE		☐ DELETE			☐ Change ☐ Addition
		DELETE	3.4. CITY-ST-7IP	- <u></u>	☐ Change ☐ Addition
TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
TITLE NAME			3.4. C/TY - ST - Z/P 4.1 T/T/LE 4.2 NAME	·	
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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 in an attachment with an addy s.