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Apr 30 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 # P96000100649 (8)

1. Corporation Name

PRODUCE PACKING AUTOMATION, INC.



Principal Place of Business

Mailing Address

3330 U.S. HIGHWAY 27 S.
LAKE WALES FL 33853

3330 U.S. HIGHWAY 27 S.
LAKE WALES FL 33853-8013

2. Principal Place of Business

2a. Mailing Address

21 1806 W. OLIVE STR.
Suite, Apt. #, etc.

26 P.O. Box 2558
Suite, Apt. #, etc.

22 City & State
23 LAKELAND, FL

27 City & State
28 EATON PARK, FL

24 Zip 33801 25 Country USA

29 Zip 33840 30 Country USA

9. Name and Address of Current Registered Agent

MCINNIS, CECIL RAY
3330 U.S. HIGHWAY 27 S.
LAKE WALES FL 33853

3. Date Incorporated or Qualified

12/12/1996

3a. Date of Last Report

4. FEI Number

☒ 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

MCINNIS, CECIL RAY
3015 PINEDALE AVENUE

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

LAKELAND

FL

85 Zip Code 33803

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 provisions 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

4-23-97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MCINNIS, CECIL RAY
STREET ADDRESS 3330 U.S. HIGHWAY 27 S.
CITY-ST-ZIP LAKE WALES FL 33853 ☐ DELETE

TITLE VD
NAME LUGO, JACOB
STREET ADDRESS 3330 U.S. HIGHWAY 27 S.
CITY-ST-ZIP LAKE WALES FL 33853 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME MCINNIS, CECIL RAY ☒ Change ☐ Addition
1.3 STREET ADDRESS 1806 W. OLIVE STREET
1.4 CITY-ST-ZIP LAKELAND, FL 33815 ☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME LUGO, JACOB
2.3 STREET ADDRESS 1806 W. OLIVE STREET
2.4 CITY-ST-ZIP LAKELAND, FL 33815 ☒ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition
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

SIGNATURE REQUIRED

4-23-97

(941) 686-0646

Date

Daytime Phone # 0010884

CR2E034 (9/96)