FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00 **PROFIT** Mar 13 1998 8:00am FLORIDA DEPARTMENT CORPORATION Sandra B. Moi ANNUAL REPORT Secretary of State Secretary of St 1998 DIVISION OF CORPO ONS DOCUMENT # P97000052848 (3) THE PRODUCE PATCH & FOOD STORE, INC. Principal Place of Business Mailing Address 8625 MEMORIAL HIGHWAY 8625 MEMORIAL HIGHWAY TAMPA FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/13/1997 2. Principal Place of Business 2s. Mailing Address Applied For 21 5425 Sheldon Road Suite, Apt. #, otc 5425 Road Not Applicable Suite, Apt. #, etc. \$8.75 Additional E. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Tampo Trust Fund Contribution Added to Fees CIMP Country 8. This corporation owes or has paid the current year Intangible Yes Yes □ No Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent VETZEL, RICHARD 8625 MEMORIAL HIGHWAY TAMPA FL Zip Code 336 15 we-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered lam Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the
office or registered agent, or both, in the State of Florida. Such change was author
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida S agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE President / Director DELETE Addition NAME Richard Vetzel 6703 Sea Robin Place STREET ADDRESS FET ADDRESS Tampa, FL 33615 Secretary / Director Michelle Vetzel CITY-ST-ZIP TITLE DELETE Change NAME 6-103 sen Robin STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DECETE Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CiTY-ST-7IP DELFTE 4.1 TILE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE Change Addition 51 TITLE 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 61 TITL€ Change Addition NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. Thereby 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.

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