

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P97000075305

1. Entity Name
PRODUCE EXCHANGE OF ATLANTA, INC.



Principal Place of Business
2801 E. HILLSBOROUGH AVE.
TAMPA, FL 33610

Mailing Address
P O BOX 11115
TAMPA, FL 33680 US



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3466271

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRIZZAFFE, CHARLIE V
2801 EAST HILLSBOROUGH AVENUE
TAMPA, FL 33610

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, type, or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U00000861795
04/03/08-80022-021 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GRIZZAFFE, CHARLIE V
STREET ADDRESS 2801 E. HILLSBOROUGH AVE.
CITY-ST-ZIP TAMPA, FL 33610

TITLE VD
NAME GRIZZAFFE, JOHN T
STREET ADDRESS 2801 E. HILLSBOROUGH AVE.
CITY-ST-ZIP TAMPA, FL 33610

TITLE D
NAME GUIDA, JAMES T
STREET ADDRESS 2801 E. HILLSBOROUGH AVE.
CITY-ST-ZIP TAMPA, FL 33610

TITLE STD
NAME FLEMING, VIRGINA G
STREET ADDRESS 2801 E. HILLSBOROUGH AVE.
CITY-ST-ZIP TAMPA, FL 33610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charlie V. Grizaffe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/08
Date

(813) 234-4425
Daytime Phone #