## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT Corporation Annual Report

1998

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Service Control

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FLORIDA DEPARTMENT OF STATE

oanora o. mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000088473 (8)

DEBBIE'S PRODUCE, INC.

NG-9-9¢

## FILED Apr 23 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address			- I INCHENDEN ELD ENGEN ERDER NORTH ODDIN ODDIN ODDIN EDVOL ERVOT SELLE OSDER FORDER TILL IND	
313 DEL MAR DRIVE 313 DEL MAR DRIVE						
LADY LAKE		LADY LAKE FL 32159				
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 10/14/1997	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied Fo	or
Suite, Apl. #, etc.		26			59-3476076 Not Applic	able
22		Suite, Apt #, etc.	27		5. Certificate of Status Desired S8.75 Additional Fee Required	al l
City & State		· · ·	City & State		6. Election Campaign Financing \$5.00 May Be	, 1
Zip	Country Zip		Cour	ates s	Trust Fund Contribution Added to Fees	
24	<u></u>	<del> </del> 3	Cour	шу	8. This corporation owes or has paid the current year Intangible	
241	25 9. Name and Address of Cu	rent Registered Agent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	$\dashv$
CA	MPIONE, DAVID M	Total Transfer of the Property		81 Name		$\dashv$
	O JENNINGS AVENUE			1\0	athleen R. Enos	
EUSTIS FL 32736			1	B2 Street Addi	ress (P.O. Box Number is Not Acceptable)	
E0	15 119 FL 32730		<u> </u>	83		$\dashv$
•	<b>.</b>		ľ	~ 2 <sub>1</sub>	10 Palermo Pl	
			Ī	B4 City	85 Zin Code	
44 Purpuent	to the provisions of Sections 607	OFO2 and CO7 SEOR Flade Cta	1. dog 160 ob	h	ody Lake FL 3215 poration submits this statement for the purpose of changing its registe	9
i office or i	<b>reaksterad a</b> gent, or both, in the St	late of Florida. Such change wa	as authorized	by the corporat	poration submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as registers	ed
agent.la	am familiar with, and accept the of	oligations of Section 607,0505.	Florida Statu	ites.	7-11-00	-
SIGNATURE -	Signature, typed or printed name of registered	2 Killing	ICITE: Bonislavad	Agent signature requir	red when reinstating) DATE	
12.	. OFFICERS	AND DIRECTORS	13.	Agent signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<del> </del>
TITLE	TrosidenT	DELETE	1,1 TITL	.E	Change Add	
NAME	Evelyn G. Gibs	M	1,2 NAN	AE		
STREET ADDRESS	Brelyn t. Gibs 313 Valmer D	(ire	1	EET ADDRESS		
CITY-ST-ZIP	Lady Lake F Vice Preside Kathleen R. E 240 Paler Mo	1 32159		Y-ST-ZIP		
TITLE	VILLE Preside	17 DELETE	2.1 TITL		☐ Change ☐ Add	dition
NAME	Hathleen R. B	105	2.2 NAN	AE		
STREET ADDRESS	oun Palermo	PI		EET ADDRESS		
CITY-ST-ZIP	heady Lake 1	1 32159		Y-ST-ZIP		
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NAME			3.2 NAN	AE		ŀ
STREET ADDRESS			3.3 STR	EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
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NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 STR	EE1 ADDRESS		
CITY-ST-ZIP	_		4.4 City	(-ST-ZIP		1
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KAME			5.2 NAM	1E	$(1) \rightarrow 2$	
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NAME			6.2 NAM	16 }	900002498309 -04/23/9801090010	- 1
STREET ADDRESS			63 STRI	EET ADDRESS	-04/23/9801090010	}
CITY-ST-ZIP			6.4 CITY	'- ST- ZIP	***150.00	
	ertify that the information supplier	t with this filing done not qualify			Section 110 07/3Vi) Florida Statutos I further certify that the informat	

I. I 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 truslee 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.