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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000099998 (1)

JOHN J. O'HEARN JR. PRODUCE CO.

May 28 1998 8:00am Secretary of State

Principal Place of Business 200-A JOHN KNOX ROAD TALLAHASSEE FL 32303	Mailing Address 200-A JOHN KNOX ROAD TALLAHASSEE FL 32303			
IMPERIMONEE TO SECON	TALERHAGGEE PL 98300		DO NOT WRITE IN TH	IIS SPACE
1			3. Date Incorporated or Qualified	
			11/21/1997	. 4 4 4
2. Principat Place of Business	2a. Mailing Address		4. FEt Number	Applied For
21 200-A John Knox Road	26 200-A John Suite Apt. #, etc.	-Knox-Road	06-1508273	Not Applicable
			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	City & State		& Flaction Compaign Figureing	
23 Tallahassee, Fl	28 Tallahasse	, m1	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	7ip	Country	B. This corporation owes or has paid the	
24 32303 25 Leon	29 32303 3	o roon	Personal Property Tax due June 30.	Yes 🔽 No
24 32303 25 Leon 9. Name and Address of Current	Registered Agent	Leon—	10. Name and Address of New Register	ed Agent
WOLFE, LARRY		81 Name		
200-A JOHN KNOX ROAD		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32303		0.00,7100		
		B3		
		84 City		85 Zip Code
			F	· L `
11. Pursuant to the provisions of Sections \$07.0502 office or registered agent, or botty) in the State agent. I am familiar with Anna agent the obligation of Signature with Anna agent the obligation of Signature with Anna agent to the obligation of Signature agent to t	7 4 1/13 NO		ne rem	=
TITLE D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME O'HEARN, JOHN J JR		12 NAME		
STREET ADDRESS 32 BERLIN AVENUE		1.3 STREET ADDRESS		
CITY-SY-ZIP MILTON MA 02101		1.4 CITY-ST-ZIP		
TITLE	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-\$1-ZIP		2. 4 CITY - ST - ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
HAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST - ZIP		
TIFLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	DELETE	. 5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		νι. Ο Ι
STREET ADDRESS		5.3 STREET ADDRESS		18/30
C(TY-ST-ZIP	Desert	5.4 CITY - ST - ZIP		J/2
TITLE	DELETE	61 TITLE	9000025389	Change Addition
NAME		62 NAME	-05/28/9801043	กด์ร
STREET ADDRESS		63 STREET ADDRESS	***150.00	נ.טט
CITY-ST-ZIP		6.4 CITY-ST-ZIP	****1JU1UU	

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 chapter 607 and that my name appears in Block 12 or Block 13 if chapter 607.

4-24.98 888.345.2212