2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 16, 2000 8:00 am Secretary of State DOCUMENT # **P97000100125** CROSS CREEK PRODUCE, INC. 08-16-2000 90003 011 ***558.75 Principal Place of Business Mailing Address 1305 W DR. MUX JR. BLVD. UNIT 3 PLANT CITY FX 33566 1305 W DR. JAILK JR. BLVD. UNIT 3 PLANT CITY\FL 33566 A9072668 2. Principal Place of Business 3. Mai 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE , O, B OX 1362 City & State PLANT (ITY, FLORIDA City & State SEFFNER 4. FEI Number Applied For 59-3477038 FLURIDA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required HILLSBURDUCH HILLSBURIUGH 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ETTERMAN LARTER, BARBARA G Street Address (P 22 1305 W DR/MLK JR. BLVD, UNIT 3 PLANT CITY\FL 33566 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 ESSIEL, DETTERMAN FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Delete TITLE TITLE MATTHEWS, J L NAME NAME STREET ADDRESS STREET ADDRESS 2128 E ADMIRAL DRIVE CITY-ST-ZIP CITY-ST-ZIP VIRGINIA BEACH VA 23451 ☐ Addition TITLE Change TITLE 🔀 Delete LARTER, BARBARA G NAME NAME 2590 SUNRISE TERRACE STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP auburndäle FL 33823 □ Delete TITLE TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition OUT PEMBERTONSAGE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that physignature 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 empoyered to see the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empoyered to see the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empoyered to see the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empoyered to see the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empoyered to see that the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empoyered to see the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empoyers and that made under oath; that I am an officer or director of the corporation or the receiver or trustee empoyers and the same legal effect as if the corporation of the corporation or the receiver or trustee empoyers and the same legal effect as if the corporation of the corporation of the corporation of the corporation or the receiver or trustee empoyers and the corporation of the corp and that pursignature shall have the same legal effect as if made under oath; that I am an officer or director by report as required by Chapter 607, Florida Statyles; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address,

Daytime Phone #

SIGNATURE: