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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000105331

1. Corporation Name

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90149 012 ***150.00

PALLER	SUN PRODUCE INC.								
Principal Plac	e of Business	Mailing Address	***			T CONTROLL TO THE TREET CONTROL NOTICE CONTROL TO THE CONTROL TO T	Billi Birad i	114 00 15101 5101 1001	
111 S MAGNOLIA ST 111 S MAGNOLIA ST JAY FL 32565 JAY FL 32565									
						DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualified 12/15/1997			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21 26						59-1557152	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			C.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Star	te	City & State			-	6. Election Campaign Financing	\$5.0)0 May Be	
23		28				Trust Fund Contribution	Add	ed to Fees	
Zip	Country	Zip	,	intry	'	8. This corporation owes the current year Inta			
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Curre	ent Registered Agent	- 19	-	T	10. Name and Address of New Registered	Agent		
DAT	TEDEON THOMAS			81	Name				
PATTERSON, THOMAS J 111 S MAGNOLIA ST				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
JAY	FL 32565			83					
				84	City	FL	85 2	ip Code	
SIGNATURE	am familiar with, and accept the oblig					red when reinstading) DATE			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	P	☐ DELE	TE 1,1 TI	TUE.			☐ Chan	ge	
NAME	PATTERSON, THOMAS J		1.2 N	ME					
STREET ADDRESS	111 S MAGNOLIA ST		1.3 ST	REE	TADDRESS				
CITY-ST-ZIP	JAY FL 32565			TY-S	T-ZIP				
TITLE	VP	☐ DELE	TE 2.1 TI	TLE			☐ Chan	ge	
NAME	PATTERSON, RICHARD E		2.2 N		ĺ				
STREET ADDRESS			2.3 S	REE	T ADDRESS	•			
CITY-ST-ZIP	JAY FL 32565				ST-ZIP		Chan	ae Addition	
TITLE	ST DATE DOON A SOULA FL. W.	☐ DELE	•					ac Luddigon	
NAME	PATTERSON, MICHAEL W		3.2 N						
STREET ADDRESS	1				TADDRESS				
CITY-ST-ZIP	JAY FL 32565	□ D£LE			ST-ZIP		Chan	ge Addition	
πιιΕ		المام	1		}			5	
NAME	<u> </u>		4.2 N		TADDRECE				
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP	-	□ DELE			T-ZIP		☐ Chan	ge Addition	
TITLE		_ 0.00	5.1 N					·	
NAME STREET ADDRESS					TADDRESS				
STREET ADDRESS					T-ZIP	•			
CITY-ST-ZIP		□ DELE					Chan	ge Addition	
NAME			6.2 N	AME					
STREET ADDRESS	 		6.3 8	TREE	T AODRESS				
1 OLIVER ADDINESS	The Definers.		I						
CITY-ST-ZIP 1:	***		6.4 C	TY-S	IT-ZIP Į	,			

14. 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 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, with all other like empowered.

SIGNATURE:

