

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90050 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000108112

1. Corporation Name

S & S VEGETABLE BROKERS, INC.

Principal Place of Business

**8809 29TH STREET EAST
PARRISH FL 34219**

Mailing Address

**8809 29TH STREET EAST
PARRISH FL 34219**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1997

4. FEI Number

65-0803987

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

City & State

24

City & State

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

City & State

29

City & State

Country

30

9. Name and Address of Current Registered Agent

**KAKUS, V W
8809 29TH STREET EAST
PARRISH FL 34219**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

3/10/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME **DP SANZONE, FRANK W**STREET ADDRESS **8809 29TH STREET EAST**CITY-ST-ZIP **PARRISH FL 34219**TITLE ☐ DELETENAME **DTS SCHONEY, C J**STREET ADDRESS **8809 29TH STREET EAST**CITY-ST-ZIP **PARRISH FL 34219**TITLE ☐ DELETENAME **D MEADE, PHYLLIS**STREET ADDRESS **8809 29TH STREET EAST**CITY-ST-ZIP **PARRISH FL 34219**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

Date

Daytime Phone #

941 721-7702

CR2C34 (1/98)