PROFIT CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000041620

1. Corporation Name

FRESH IS BEST PRODUCE, INC.

Principal Place of Business	Mailing Address	
P.O. BOX 3111	P.O. BOX 3111	
PLANT CITY FL 33564	PLANT CITY FL 33564	

May 08, 1999 8:00 am Secretary of State

05-08-1999 90051 007 ***158.75



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/06/1998 4. FEI Number Applied For Principal Place of Business 2a. Mailing Address 510400 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country Country Zip Zio This corporation owes the current year Intangible □ No 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 JENSEN, JEFFREY A 82 Street Address (P.O. Box Number is Not Acceptable) 2007 OAK AVE. PLANT CITY FL 33566 83 Zip Code 84 85 City 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 obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ Change ☐ Addition DFLETE President 11 TITLE Jeffren Jensen 12 NAME NAME Ave. 1.3 STREET ADDRESS STREET ADDRESS 33566 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 2.1 TITLE TITLE resident 2.2 NAME NAME Rhonda Lee 2.3 STREET ADDRESS STREET ADDRESS 2007 علما 335 2. 4 CITY-ST-ZIP CITY-ST-ZIF Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIF CITY-ST-ZIP ☐ Addition DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034