

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

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90060 038 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000086876

1. Corporation Name
TROPICAL PRODUCE SALES, INC.

Principal Place of Business 1305 WEST MARTIN LUTHER KING JR. BLVD. PLANT CITY FL 33567	Mailing Address POST OFFICE BOX 3118 PLANT CITY FL 33564
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1305 W. MLK JR BLVD Suite, Apt. #, etc. 22 UNIT 19 Ste 45 City & State 23 PLANT CITY, FL Zip 24 33567 Country 25 USA	2a. Mailing Address 26 PO. BOX 3118 Suite, Apt. #, etc. 27 City & State 28 PLANT CITY, FL Zip 29 33564 Country 30 USA
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3. Date Incorporated or Qualified 10/09/1998	4. FEI Number 59-3539992	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

DAVIS, JACK M
1305 WEST MARTIN LUTHER KING JR. BLVD.
PLANT CITY FL 33567

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, JACK M	
STREET ADDRESS	321 IMPERIAL BLVD. #35-D	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GENTRY, MARILYN A	
STREET ADDRESS	1307 CHARLIE GRIFFIN ROAD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVIS, JACK M	
1.3 STREET ADDRESS	321 Imperial Blvd. #35-D	
1.4 CITY-ST-ZIP	LAKELAND, FL. 33830	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Jack M. Davis** SIGNATURE REQUIRED **DAVIS** 3/19/99 813 757 2465
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPREN24 (1/1/98)