

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90065 013 ***150.00

DOCUMENT # P98000086876

1. Entity Name

TROPICAL PRODUCE SALES, INC.

Principal Place of Business

Mailing Address

**1305 WEST MARTIN LUTHER KING JR. BLVD.
 UNIT 19 STE 45
 PLANT CITY FL 33567**

**POST OFFICE BOX 3118
 PLANT CITY FL 33564-3118**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1305 W. MLK, Jr. Blvd
 Suite, Apt. #, etc.
 UNIT 1**

3. Mailing Address

**PO. BOX 3118
 Suite, Apt. #, etc.**

City & State

PLANT CITY, FL

City & State

PLANT CITY, FL.

4. FEI Number

59-3539992

Applied For

Not Applicable

Zip

33567

Country

USA

Zip

33564

Country

USA

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	DAVIS, JACK M	321 IMPERIAL BLVD. #35-D	LAKELAND FL 33803	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JACK M. DAVIS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-00 813 7572465

CR2E034 (9/99)