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

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90054 014 ***150.00

DOCUMENT # P98000092747

NATURE'S CHOICE PRODUCE, INC.

Principal Place of Business Mailing Address) (##11###1 ### 1###) (##11 ###11 ###11 ###11 ###11		###(1881 1881	
2370 NORTH PALAFOX ST. BLDG. 2 PENSACOLA FL 32501			2370 NORTH PALAFOX ST. BLDG. 2 PENSACOLA FL 32501								
PENSACULA PE 32301			PENDAGOLA FE 32301					DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualifed 11/02/1998			
2 Principal DI	lace of Business	2a.	. Mailing Address					4. FEI Number	Ar	plied For	
21			26					<i>59-3542384</i>	<u> </u>	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					<u> </u>		Additional ====================================	
			27					5. Certificate of Status Desired	Fee Re	equired	
City & State			City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
23			28								
Zip	Country		Zip	Cou	intry			8. This corporation owes the current year Into	ıngible		
24	25	29		30				Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Current	Regis	stered Agent					10. Name and Address of New Registered	tgent		
					81	Name					
DICKERSON, DOUGLAS					82 Street Address (P.O. Box Number is Not Acceptable)						
2370 NORTH PALAFOX ST. BLDG. 2											
PEN	SACOLA FL 32501				83					1	
					84	City			85 Zip	Code	
					1	,		FL FL			
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Floria	ida. Such change was a	Hithorizec	1 DV	the com	corpor oration	ation submits this statement for the purpose of 's board of directors. I hereby accept the appoin	manging its	registered egistered	
SIGNATORE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE:	Registered	Agen	t signature r	гедикед w	hen reinstating) DATE			
12.	OFFICERS AND DIRECTORS						_	ADDITIONS/CHANGES TO OFFICERS AN		Addition	
TITLE	D		C DELETE	1.1 ™			P.	Kranza Anenlas	Change	L Addition (
NAME	DICKERSON, DOUGLAS		_	1.2 N			Vic	KERSON Douglas O North Martox St. Olds #2		ł	
STREET ADDRESS	2370 NORTH PALAFOX ST. BL	DG. 2	2	1.3 ST	REET	ADDRESS				ļ	
CITY-ST-ZIP	PENSACOLA FL 32501			_	TY-ST	T-ZIP	PEN	EACOLA, FL 32501	☐ Change	Addition	
TITLE			☐ DELETE	2.1 TT			Y.	k-so-a Vaus	☐ Change	Addition	
NAME				2.2 N/			VICE	Keeson, KAYE HALA fox St Blob +2			
STREET ADDRESS		• * -		- 1		ADDRESS	1				
CITY-ST-ZIP					ITY-S	T-ZIP		BACOLA, FC 32501	Change	Addition	
TITLÉ			☐ DELETE	3.1 TT			5/7	l Pause	_	Addition	
NAME				3.2 N			MA	NN, BRUCE 10 Noeth Palafox St Blog# (SACOLA, FL 32501	2		
STREET ADDRESS						ADDRESS	237	10 North Paintox of Oldy"			
CITY-ST-ZIP			□ DELETE	_	ITY-S	T-ZIP	PEN	SACOIA, FL 32501	Change	Addition	
TITLE			☐ DELETE	4.1 TI				-	спанув		
NAME				4. 2 N			1			1	
STREET ADDRESS						TADORESS					
CITY-ST-ZIP			- December	_	TY-S	T-ZIP	 		Change	☐ Addition	
TTLE			☐ DELETE	5.1 Π 5.2 N							
NAME						r address					
STREET ADDRESS				3.3 3	INCE	WDDVE33	1				

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

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Date