2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State
01-24-2008 90037 007 ***158.75

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1. Entity Name
SEMINOLE PRODUCE DISTRIBUTING, INC.

Principal Place of Business
306 W 13TH ST
SANFORD, FL 32771 US

Mailing Address
P.O. BOX 4521
SANFORD, FL 32772 US

01212008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt #, etc.
City & State
Zip Country

4. FEI Number 59-3060366 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROBERTSON, DON C.
232 QUAY ASSISI
NEW SMYRNA BEACH, FL 32169

7. Name and Address of New Registered Agent
Name: Mark S. Huling
Street Address (P.O. Box Number is Not Acceptable): 180 Archers Point
City: longwood FL Zip Code 32779

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Mark Huling 01-21-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
P	ROBERTSON, DON C.	232 QUAY ASSISI	NEW SMYRNA BEACH, FL 32169	☑ Delete
ST	ROBERTSON, SUSAN	232 QUAY ASSISI	NEW SMYRNA BEACH, FL 32169	☑ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	MARK S. Huling	180 Archers Point	longwood Fl 32779	☐	☑
V/S/T	Rick Stauffer	7107 Stonebrook Dr	Sanford Fl 32773	☐	☑
				☐	☐
				☐	☐
				☐	☐
				☐	☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Huling 01-21-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #