

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

001926K

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90038 048 \*\*\*150.00

DOCUMENT # V20318

1. Corporation Name AMELIA ISLAND PRODUCE CO., INC.

Principal Place of Business 13384 GROVER RD JAX FL 32226 US Mailing Address POB 2112 YULEE FL 32041 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/09/1992

4. FEI Number 59-3112085 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21 P.O. Box 2112 Suite, Apt. #, etc. 22 City & State 23 YULEE FL Zip 32044 Country U.S.A.

2a. Mailing Address 26 POB 2112 Suite, Apt. #, etc. 27 City & State 28 YULEE FL Zip 32041 Country US

9. Name and Address of Current Registered Agent WINSTON, WAYNE W. 13384 GROVER RD JAX FL 32226

10. Name and Address of New Registered Agent 81 Name MARJORIE V. LEONARD 82 Street Address (P.O. Box Number is Not Acceptable) 246 WISTERIA ROAD 83 84 City SAINT AUGUSTINE FL 85 Zip Code 32086

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: *Marjorie Leonard* (MARJORIE V. LEONARD) 4-06-99 DATE

12. OFFICERS AND DIRECTORS

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | PD                | <input type="checkbox"/> DELETE |
| NAME           | WINSTON, WAYNE W. |                                 |
| STREET ADDRESS | 13384 GROVER RD   |                                 |
| CITY-ST-ZIP    | JAX FL 32226      |                                 |
| 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          | PD                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | WINSTON, WAYNE W. |  |
| 1.3 STREET ADDRESS | P.O. Box 2112     |  |
| 1.4 CITY-ST-ZIP    | YULEE, FL 32041   |  |
| 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: *Wayne Winston* REQUIRED 3/14/99 904-696-9090 DATE Daytime Phone #

CR2E034 (11/98)