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May 05, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V65147

1. Corporation Name

WILLIAMS PRODUCE MARKETING, INC.

Principal Place of Business

14045A N. DALE MABRY HWY.
STE 18
TAMPA FL 33614
US

Mailing Address

14045A N. DALE MABRY HWY.
STE 18
TAMPA FL 33618
US

2. Principal Place of Business

21 3802 Ehrlich Rd

Suite, Apt. #, etc.

22 Suite 306

City & State

23 TAMPA FL

Zip

24 3362Y 25 USA

2a. Mailing Address

26 3802 Ehrlich Rd

Suite, Apt. #, etc.

27 Suite 306

City & State

28 TAMPA FL

Zip

29 3362Y 30 USA

9. Name and Address of Current Registered Agent

KATZ, RICHARD L.
2100 SALZEDO ST
SUITE 300
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1992

4. FEI Number

59-3146434

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME KATZ, RICHARD L.
STREET ADDRESS 2100 SALZEDO ST #300
CITY-ST-ZIP CORAL GABLES FL

TITLE P ☐ DELETE

NAME WILLIAMS, JOHN
STREET ADDRESS 4301 ROUND LAKE CT
CITY-ST-ZIP TAMPA FL 33624

TITLE V ☐ DELETE

NAME ZACKS, JACK
STREET ADDRESS 6212 RIVIERA DRIVE
CITY-ST-ZIP CORAL GABLES FL

TITLE T ☐ DELETE

NAME MCGINNIS, KEN
STREET ADDRESS 15604 N. HIMES ST.
CITY-ST-ZIP TAMPA FL 33618

TITLE S ☐ DELETE

NAME RANSCHT, DAVID
STREET ADDRESS 16145 RAVENDALE DR.
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

813-264-5669

Date

Daytime Phone #

CR2E034 (11/98)

0400788