

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000066765

Entity Name: DOLE DIVERSIFIED NORTH AMERICA, INC.**Current Principal Place of Business:**1553 CHESTER PIKE
SUITE 205
CRUM LYNNE, PA 19022**Current Mailing Address:**1553 CHESTER PIKE
SUITE #205
CRUM LYNNE, PA 19022 US**FEI Number: 59-3403064****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title VP, SECRETARY, DIRECTOR
Name GALE, JARED R.
Address 200 S. TRYON STREET, SUITE 600
City-State-Zip: CHARLOTTE NC 28202

Title DIRECTOR, PRESIDENT
Name LINDEN, JOHAN
Address 200 S. TRYON STREET, SUITE 600
City-State-Zip: CHARLOTTE NC 28202

Title TREASURER
Name DESPAIN, JAMES
Address 200 S. TRYON STREET, SUITE 600
City-State-Zip: CHARLOTTE NC 28202

Title VP
Name COREIL, K. MAURICE
Address 200 S. TRYON STREET, STE 600
City-State-Zip: CHARLOTTE NC 28202

Title SENIOR VICE PRESIDENT
Name MIMS, A. CHARLENE
Address 200 S. TRYON STREET, SUITE 600
City-State-Zip: CHARLOTTE NC 28202

Title ASST. SECRETARY
Name PERRY, CASEY R.
Address 200 S. TRYON STREET, SUITE 600
City-State-Zip: CHARLOTTE NC 28202

Title VP
Name MCNALLY, DAVID
Address 1553 CHESTER PIKE
SUITE 205
City-State-Zip: CRUM LYNNE PA 19022

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JARED R. GALE**SECRETARY****04/03/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date