

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000075305

Entity Name: PRODUCE EXCHANGE OF ATLANTA, INC.**Current Principal Place of Business:**2801 E. HILLSBOROUGH AVE.
TAMPA, FL 33610**Current Mailing Address:**P O BOX 11115
TAMPA, FL 33680 US**FEI Number: 59-0873334****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**GRIZZAFFE, CHARLIE V
2801 EAST HILLSBOROUGH AVENUE
TAMPA, FL 33610 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	PD
Name	GRIZZAFFE, CHARLIE V
Address	2801 E. HILLSBOROUGH AVE.
City-State-Zip:	TAMPA FL 33610

Title	VD
Name	GRIZZAFFE, JOHN T
Address	2801 E. HILLSBOROUGH AVE.
City-State-Zip:	TAMPA FL 33610

Title	D
Name	GUIDA, JAMES T
Address	2801 E. HILLSBOROUGH AVE.
City-State-Zip:	TAMPA FL 33610

Title	STD
Name	FLEMING, VIRGINA G
Address	2801 E. HILLSBOROUGH AVE.
City-State-Zip:	TAMPA FL 33610

Title	ASST. SECRETARY
Name	GARMENDIA, CHRISTOPHER
Address	2801 E. HILLSBOROUGH AVE.
City-State-Zip:	TAMPA FL 33610

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: CHARLIE V GRIZZAFFE**PRESIDENT****07/28/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date