

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

**FILED**

**Apr 20 1998 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # L44197 (6)**  
1. Corporation Name  
**PACIFIC COLLIER FRESH COMPANY**



|   |  |
|---|--|
| Principal Place of Business<br><b>2600 GOLDEN GATE PARKWAY<br/>SUITE 200<br/>NAPLES FL 34105<br/>US</b> | Mailing Address<br><b>P.O. BOX 413038<br/>NAPLES FL 33941<br/>US</b> |
|---|--|

DO NOT WRITE IN THIS SPACE

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 2. Principal Place of Business<br><b>21 925 New Harvest Road</b> |  | 2a. Mailing Address<br><b>26 P.O. Box 413038</b> |  | 3. Date Incorporated or Qualified<br><b>01/18/1990</b>  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                              |  | 4. FEI Number<br><b>65-0191339</b>  |  |
| 22 City & State<br><b>Immokalee, FL</b>                          |  | 27 City & State<br><b>Naples, FL</b>             |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 23 Zip<br><b>34142</b>   |  | 28 Country<br><b>USA</b>                         |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| 24 Zip<br><b>34101</b>   |  | 29 Country<br><b>USA</b>                         |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |   |  |  |  |                             |  |
|---|--|---|--|--|--|-----------------------------|--|
| 9. Name and Address of Current Registered Agent<br><b>COLLIER, BARRON III<br/>2600 GOLDEN GATE PARKWAY<br/>SUITE 200<br/>NAPLES FL FL 34105</b> |  |   |  | 10. Name and Address of New Registered Agent |  |                             |  |
| 81 Name<br><b>Everett D. Loukonen</b>   |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>1320 N. 15th Street</b> |  | 83   |  | 84 City<br><b>Immokalee</b> |  |
|   |  |   |  | 85 Zip Code<br><b>FL 34142</b>               |  |                             |  |

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 *Everett D. Loukonen* **Everett D. Loukonen** DATE **04/06/98**

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE<br><b>CD</b>         | <b>ESFORMES, JOSEPH E.</b>                | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 1.2 NAME  |  |
| STREET ADDRESS             | <b>2600 GOLDEN GATE PARKWAY</b>           | 1.3 STREET ADDRESS                                    | <b>925 New Harvest Road</b>  |
| CITY-ST-ZIP                | <b>NAPLES FL</b>                          | 1.4 CITY-ST-ZIP                                       | <b>Immokalee, FL 34142</b>   |
| TITLE<br><b>TD</b>         | <b>ENGLISH, J. EDWIN</b>                  | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 2.2 NAME  |  |
| STREET ADDRESS             | <b>2600 GOLDEN GATE PARKWAY</b>           | 2.3 STREET ADDRESS                                    | <b>925 New Harvest Road</b>  |
| CITY-ST-ZIP                | <b>NAPLES FL</b>                          | 2.4 CITY-ST-ZIP                                       | <b>Immokalee, FL 34142</b>   |
| TITLE<br><b>D</b>          | <b>FALK, HARRY J.</b>                     | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 3.2 NAME  |  |
| STREET ADDRESS             | <b>2600 GOLDEN GATE PARKWAY</b>           | 3.3 STREET ADDRESS                                    | <b>925 New Harvest Road</b>  |
| CITY-ST-ZIP                | <b>NAPLES FL</b>                          | 3.4 CITY-ST-ZIP                                       | <b>Immokalee, FL 34142</b>   |
| TITLE<br><b>D</b>          | <b>MARINELLI, PAUL J</b>                  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 4.2 NAME  |  |
| STREET ADDRESS             | <b>2600 GOLDEN GATE PARKWAY</b>           | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>NAPLES FL</b>                          | 4.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>PD</b>         | <b>COLLIER, BARRON III</b>                | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 5.2 NAME  |  |
| STREET ADDRESS             | <b>2600 GOLDEN GATE PARKWAY</b>           | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>NAPLES FL</b>                          | 5.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>SD</b>         | <b>LOUKONEN, EVERETT D.</b>               | 6.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 6.2 NAME  |  |
| STREET ADDRESS             | <b>2600 GOLDEN GATE PARKWAY, STE. 200</b> | 6.3 STREET ADDRESS                                    | <b>1320 N. 15th Street</b>   |
| CITY-ST-ZIP                | <b>NAPLES FL</b>                          | 6.4 CITY-ST-ZIP                                       | <b>Immokalee, FL 34142</b>   |

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.

SIGNATURE: *Everett D. Loukonen* **Everett D. Loukonen** Secretary DATE **04/06/98** 941 658-6060

CR2E034 (10/97)

1998 OFFICERS AND DIRECTORS

OFFICER/  
DIRECTOR

PACIFIC COLLIER FRESH CO.  
(FEI # 65-0191339)

|           |  |
|-----------|--|
| P/D       | Barron Collier III<br>2600 Golden Gate Parkway<br>Naples, FL 34105 |
| S/D<br>RA | Everett Loukonen<br>1320 N. 15th Street<br>Immokalee, FL 34142     |
| T/D       | J. Edwin English<br>2600 Golden Gate Parkway<br>Naples, FL 34105   |
| C/D       | Joseph E. Esformes<br>2600 Golden Gate Parkway<br>Naples, FL 34105 |
| D         | Harry H. Falk<br>2600 Golden Gate Parkway<br>Naples, FL 34105      |
| D         | Paul J. Marinelli<br>2600 Golden Gate Parkway<br>Naples, FL 34105  |