

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 23 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 317594 (0)

1. Corporation Name
FANCY FRESH FARMS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
15315 NEBRASKA AVE. -15315-NEBRASKA AVE.
P.O. BOX 17237 -P.O.-BOX-17237
TAMPA FL 33682 -TAMPA-FL-33682

3. Date Incorporated or Qualified 06/09/1967 3a. Date of Last Report 01/24/1994

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 1006 E. BEARSS

4. FEI Number 59-1200256 Applied For Not Applicable

22 City & State 27 LUTZ, FLORIDA

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

23 Zip 28 33549 30 Hillsborough

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

24 Country 25 29 30 Hillsborough

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SHEPARD, JOHN K.
-15315 N.NEBRASKA-AVE.
-TAMPA FL 33613

10. Name and Address of New Registered Agent
81 Name JOHN K. SHEPARD
82 Street Address (P.O. Box Number is Not Acceptable) 1006 BEARSS EAST AVE
83
84 City LUTZ FL 85 Zip Code 33549

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 607.1505, Florida Statutes.

SIGNATURE *John K. Shepard* DATE JAN 17, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKEMP, NANCY N.	1.2 NAME	
STREET ADDRESS	3113 WAVERLY PARK	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPARD, CAROLINE	2.2 NAME	
STREET ADDRESS	1222 ROXMERE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPARD, JOHN K	3.2 NAME	
STREET ADDRESS	1222 ROXMERE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKEMP, PETER S.	4.2 NAME	
STREET ADDRESS	3113 WAVERLY PARK	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 and changed, or on an attachment with an address.

SIGNATURE: *John K. Shepard* 1-17-95 813-977-8546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR