

CORPORATION
ANNUAL REPORT
1995



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

APPROVED AND FILED
95 APR 21 AM 9:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 683448 (5)
 1. Corporation Name
SOUTH BAY GROWERS, INC.

Principal Place of Business
**111 PONCE DE LEON AVE
 P.O. DRAWER 1207
 CLEWISTON FL 33440**

Mailing Address
**111 PONCE DE LEON AVE
 P.O. DRAWER 1207
 CLEWISTON FL 33440**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/09/1990		3a. Date of Last Report 02/04/1994	
21. Suite, Apt. #, etc.		25. Suite, Apt. #, etc.		4. FEI Number 59-2034706		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip		28. Zip		7. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCCALLUM, JOHN T. 111 PONCE DE LEON AVE. CLEWISTON FL 33440				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRILL, JAMES E	1.2 NAME	
STREET ADDRESS	111 PONCE DE LEON AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEWISTON FL	1.4 CITY - ST - ZIP	
TITLE	CAST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFMAN, STEPHEN V	2.2 NAME	
STREET ADDRESS	111 PONCE DE LEON AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEWISTON FL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRBANKS, J. NELSON	3.2 NAME	
STREET ADDRESS	111 PONCE DE LEON AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEWISTON FL	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUKER, ROBERT H., JR.	4.2 NAME	
STREET ADDRESS	111 PONCE DE LEON AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CLEWISTON FL	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, JR., MALCOLM S.	5.2 NAME	
STREET ADDRESS	111 PONCE DE LEON AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	CLEWISTON FL	5.4 CITY - ST - ZIP	
TITLE	TAS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALLUM, JOHN	6.2 NAME	
STREET ADDRESS	111 PONCE DE LEON AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	CLEWISTON FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.07(3)(b), 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: STEPHEN V. COFFMAN **4/12/95** **(813) 983-8121**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)

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SOUTH BAY GROWERS, INC.
STATE OF FLORIDA
CORPORATION ANNUAL REPORT

ADDITIONAL OFFICERS

TITLE NAME	V/GM GRACE, JERRY W.	AT CULBERSON, ROBERT W.
STREET ADDRESS CITY-ST-ZIP	111 PONCE DE LEON AVE. CLEWISTON, FL	111 PONCE DE LEON AVE. CLEWISTON, FL
TITLE NAME		
STREET ADDRESS CITY-ST-ZIP		