

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002709 (3)

1. Corporation Name

ECOSCIENCE PRODUCE SYSTEMS CORP.

Principal Place of Business
**4300 L.B. MCLEOD ROAD
ORLANDO FL 32811**

Mailing Address
**4300 L.B. MCLEOD ROAD
ORLANDO FL 32811**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/24/1994** 3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

Post Office Box 3228

26

4. FEI Number

APPLIED FOR 62-15670091

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

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

22. Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

27

23. City & State

28

City & State

Orlando, FL

24. Zip

25

Country

29

32802-3228

30

Country

9. Name and Address of Current Registered Agent

**ANDREWS, RICHARD A
4300 LB MCLEOD ROAD
ORLANDO FL 32811**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **ANDREWS, RICHARD A**
STREET ADDRESS **5656 CRAINDALE AVENUE**
CITY - ST - ZIP **ORLANDO FL**

1. 1 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **TD**
NAME **OSTROW, GENE**
STREET ADDRESS **75 DANA ROAD**
CITY - ST - ZIP **BOXFORD MA**

2. 1 TITLE **T** Change Addition
22 NAME **Aiello, Donald T.**
23 STREET ADDRESS **377 Plantation Street**
24 CITY - ST - ZIP **Worcester, MA 01605**

TITLE **D**
NAME **MILLER, DAVID W**
STREET ADDRESS **27 TEABERRY LANE**
CITY - ST - ZIP **AMHERST MA**

3. 1 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE **S**
NAME **VALLENCOURT, JOHN**
STREET ADDRESS **53 OAKWOOD LANE**
CITY - ST - ZIP **WORCESTER MA**

4. 1 TITLE **S** Change Addition
42 NAME **Aiello, Donald T.**
43 STREET ADDRESS **377 Plantation Street**
44 CITY - ST - ZIP **Worcester, MA 01605**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5. 1 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6. 1 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 119.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard A. Andrews

4/27/95

407-872-2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number