

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P93000047646 (3)**

1. Corporation Name  
**JOHNSON PRODUCE CO., INC.**



Principal Place of Business  
**1255 WEST ATLANTIC BLVD.  
#A15  
POMPANO BEACH FL 33069  
US**

Mailing Address  
**P.O. BOX 1123  
POMPANO BEACH FL 33061**

3. Date Incorporated or Qualified **07/07/1993**      3a. Date of Last Report **01/20/1995**

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	8.
Principal Place of Business		Mailing Address		FEI Number		Certificate of Status Desired		Election Campaign Financing		Date of Last Report		Date of Last Report	
1255 WEST ATLANTIC BLVD. #A15 POMPANO BEACH FL 33069 US		P.O. BOX 1123 POMPANO BEACH FL 33061		65-0422780		<input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> \$5.00 May Be Added to Fees		01/20/1995		01/20/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For		Trust Fund Contribution		This corporation has liability for intangible tax under s 199.032, Florida Statutes		Not Applicable		<input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State		City & State		Zip		Country		Zip		Country			
POMPANO BEACH FL		POMPANO BEACH FL		33069		US		33061		US			

9. Name and Address of Current Registered Agent

**JOHNSON, CLAIRE B  
POMPANO STATE FARMERS MARKET  
#A15  
POMPANO BEACH FL 33069**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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: *Claire B. Johnson*

(NOTE: Registered Agent signature required when reappointing)

1-17-96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, JOHN W JR.</b>	1.2 NAME	<b>1255 W. ATLANTIC BLVD #A15</b>
STREET ADDRESS	<b>P.O. BOX 1123</b>	1.3 STREET ADDRESS	<b>POMPANO BEACH, FL 33069</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL 33061</b>	1.4 CITY-ST-ZIP	<b>33069</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHNSON, CLAIRE B</b>	2.2 NAME	
STREET ADDRESS	<b>1255 W ATLANTIC BLVD #A15</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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)(k), 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: *Claire B. Johnson*

1/17/96

954.9466588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)