

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 # P95000045187 (8)

1. Corporation Name
CARTER'S PRODUCE, INC.



Principal Place of Business: 4106 SOUTH EDWARDS ROAD PLANT CITY FL 33567
Mailing Address: 4106 SOUTH EDWARDS ROAD PLANT CITY FL 33567

3. Date Incorporated or Qualified: 06/12/1995
3a. Date of Last Report

2. Principal Place of Business (21-23) and Mailing Address (2a-24) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-332 3394
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARTER, ROBERT L
4106 SOUTH EDWARDS ROAD
PLANT CITY FL 33567

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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, Sections 607.0502 and 607.1505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: D [DELETE] CARTER, ROBERT L
12.2 NAME: CARTER, ROBERT L
12.3 STREET ADDRESS: 4106 SOUTH EDWARDS ROAD
12.4 CITY-ST-ZIP: PLANT CITY FL 33567
12.5 TITLE: D [DELETE] CARTER, BARBARA
12.6 NAME: CARTER, BARBARA
12.7 STREET ADDRESS: 4106 SOUTH EDWARDS ROAD
12.8 CITY-ST-ZIP: PLANT CITY FL 33567
12.9 TITLE: [DELETE]
12.10 NAME:
12.11 STREET ADDRESS:
12.12 CITY-ST-ZIP:
12.13 TITLE: [DELETE]
12.14 NAME:
12.15 STREET ADDRESS:
12.16 CITY-ST-ZIP:
12.17 TITLE: [DELETE]
12.18 NAME:
12.19 STREET ADDRESS:
12.20 CITY-ST-ZIP:

13.1 1.1 TITLE [Change] [Addition]
13.2 1.2 NAME
13.3 1.3 STREET ADDRESS
13.4 1.4 CITY-ST-ZIP
13.5 2.1 TITLE [Change] [Addition]
13.6 2.2 NAME
13.7 2.3 STREET ADDRESS
13.8 2.4 CITY-ST-ZIP
13.9 3.1 TITLE [Change] [Addition]
13.10 3.2 NAME
13.11 3.3 STREET ADDRESS
13.12 3.4 CITY-ST-ZIP
13.13 4.1 TITLE [Change] [Addition]
13.14 4.2 NAME
13.15 4.3 STREET ADDRESS
13.16 4.4 CITY-ST-ZIP
13.17 5.1 TITLE [Change] [Addition]
13.18 5.2 NAME
13.19 5.3 STREET ADDRESS
13.20 5.4 CITY-ST-ZIP
13.21 6.1 TITLE [Change] [Addition]
13.22 6.2 NAME
13.23 6.3 STREET ADDRESS
13.24 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: *Barbara Carter* Barbara Carter 3/11/96 8137310952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)