

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # U00018 (5)  
1. Corporation Name  
**THE NATURAL CAROTENE PRODUCTS COOPERATIVE, INC.**



Principal Place of Business: WEST HIGHWAY 44, P. O. BOX 1300, EUSTIS FL 32726  
Mailing Address: WEST HIGHWAY 44, P. O. BOX 1300, EUSTIS FL 32726

3. Date Incorporated or Qualified: 12/31/1986  
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2799088	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip		<input type="checkbox"/>	
23	Country	29	Country	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country	30	Country		<input type="checkbox"/>	
24	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WARFEL, TIMOTHY J. 215 SOUTH MONROE ST., SUITE 701 TALLAHASSEE FL 32301		81 Name	BROWN, THOMAS H
		82 Street Address (P.O. Box Number is Not Acceptable)	504 JENNIFER LANE
		83	
		84 City	WINDERMERE FL
		85 Zip Code	34786

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Thomas H. Brown* DATE: 4/30/96  
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 '96	
TITLE	PD LONG, BILL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUST ROAD	1.2 NAME	
STREET ADDRESS	PLYMOUTH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD CLOUNTS, REX	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUST ROAD	2.2 NAME	
STREET ADDRESS	PLYMOUTH, FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	GMD BROWN, JERRY P.	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST HWY. 44	3.2 NAME	
STREET ADDRESS	EUSTIS FL	3.3 STREET ADDRESS	34125 PARK VIEW
CITY-ST-ZIP		3.4 CITY-ST-ZIP	EUSTIS, FL 32726
TITLE		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		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	300001829223
STREET ADDRESS		5.3 STREET ADDRESS	-05/20/96--01044--002
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***\$61.25
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J.P. Brown* DATE: 4-10-96 DAYTIME PHONE #: 850-352-4441  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)