

**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 # **290049** (6)

1. Corporation Name  
**LEWIS & DURRANCE FRUIT CO., INC.**



Principal Place of Business  
**516 NW 4TH ST.  
P.O. BOX 904  
FORT MEADE FL 33841**

Mailing Address  
**516 NW 4TH ST.  
P.O. BOX 904  
FORT MEADE FL 33841**

3. Date Incorporated or Qualified **02/18/1965**      3a. Date of Last Report **01/13/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>59-1088895</b>	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
22	22	27	27	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
	City & State		City & State			
23	23	28	28	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
	Zip		Zip			
24	24	29	29	8.	This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BEYNON, HOWARD C. 418 NORTH PINE AVENUE FT MEADE FL 33841</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PM</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEYNON, HOWARD C.</b>	1.2 NAME	
STREET ADDRESS	<b>418 NORTH PINE AVENUE</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>FT MEADE FL</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMILTON, PAUL W.</b>	2.2 NAME	
STREET ADDRESS	<b>115 NORTH PINE AVENUE</b>	2.3 STREET ADDRESS	<b>1355 SPRING COURT</b>
CITY-STATE-ZIP	<b>FT MEADE FL</b>	2.4 CITY-STATE-ZIP	<b>BARTOW, FL 33830</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEYNON, DAWN D.</b>	3.2 NAME	
STREET ADDRESS	<b>418 N. PINE AVE.</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>FT MEADE FL</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>AST</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, JENNETTE</b>	4.2 NAME	
STREET ADDRESS	<b>127 N.E. 1ST STREET</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>FT MEADE FL</b>	4.4 CITY-STATE-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-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-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: *Paul W. Hamilton* **PAUL W. HAMILTON** 1-23-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)