

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	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.		59-1088895	Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip		<input type="checkbox"/>	
	Country	30	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
					<input type="checkbox"/>	
				8.	This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BEYNON, HOWARD C. 418 NORTH PINE AVENUE FT MEADE FL 33841				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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	PM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEYNON, HOWARD C.	1.2 NAME	
STREET ADDRESS	418 NORTH PINE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MEADE FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, PAUL W.	2.2 NAME	
STREET ADDRESS	115 NORTH PINE AVENUE	2.3 STREET ADDRESS	1355 SPRING COURT
CITY-ST-ZIP	FT MEADE FL	2.4 CITY-ST-ZIP	BARTOW, FL 33830
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEYNON, DAWN D.	3.2 NAME	
STREET ADDRESS	418 N. PINE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MEADE FL	3.4 CITY-ST-ZIP	
TITLE	AST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, JENNETTE	4.2 NAME	
STREET ADDRESS	127 N.E. 1ST STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MEADE FL	4.4 CITY-ST-ZIP	
TITLE		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		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: *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)