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Jan 27 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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 804
FORT MEADE FL 33841-0804**

3. Date Incorporated or Qualified
02/18/1965

3a. Date of Last Report
01/29/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1088895		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		25		29		30	

9. Name and Address of Current Registered Agent

**BEYNON, HOWARD C.
418 NORTH PINE AVENUE
FT MEADE FL 33841**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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

Signature, typed or printed name of registered agent and title if applicable

(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	1355 SPRING COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL	2.4 CITY - ST - ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard C. Beynon
HOWARD C. BEYNON

1-20-97

941/285-8109

Date

Daytime Phone #

CR2E034 (9/96)