

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 326035 (3)
1. Corporation Name
M & N FRUIT INC



Principal Place of Business 611 HWY 542 DUNDEE FL 33838 US	Mailing Address BOX 152 WAVERLY FL 33677-0152
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3. Date Incorporated or Qualified 02/02/1968	3a. Date of Last Report 04/22/1996
4. FEI Number 59-1200187	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**MILLER, CHARLES RAY
2980 LAKEVIEW DRIVE
WINTER HAVEN FL 33884**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
81 SUNSET VIEW DRIVE
84 City
WINTER HAVEN 85 Zip Code
FL 33884

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 VD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, CHARLES RAY		1.2 NAME	
STREET ADDRESS 2980 LAKEVIEW DRIVE		1.3 STREET ADDRESS	81 SUNSET VIEW DRIVE
CITY-ST-ZIP WINTER HAVEN FL		1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEWELL, BILLIE R		2.2 NAME	
STREET ADDRESS 3399 COUNTRY LAKE CIR		2.3 STREET ADDRESS	
CITY-ST-ZIP LAKE WALES FL		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, LUCILLE H		3.2 NAME	
STREET ADDRESS 2980 LAKEVIEW DRIVE		3.3 STREET ADDRESS	81 SUNSET VIEW DRIVE
CITY-ST-ZIP WINTER HAVEN FL		3.4 CITY-ST-ZIP	WINTER HAVEN, FL. 33884
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEWELL, LOUISE		4.2 NAME	
STREET ADDRESS 3399 COUNTRY LAKE CIR		4.3 STREET ADDRESS	
CITY-ST-ZIP LAKE WALES FL		4.4 CITY-ST-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-ST-ZIP		5.4 CITY-ST-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-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: *Lucille H. Miller* FEB. 6, 1997 941-325-8773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LUCILLE H. MILLER

CR2E034 (9/96)