

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

FILED  
May 23 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 # 405605

(7)

1. Corporation Name

BARFIELD PRODUCE, INC.

Principal Place of Business

837 EAST MAIN STREET  
IMMOKALEE FL 34142

Mailing Address

P.O. BOX 1089  
IMMOKALEE FL 34143-1089



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1212 N. 15th St.		26		07/26/1972		12/19/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Immokalee, FL		28		59-1409592		Not Applicable	
24 34142		25		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
26		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
27		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
28		29		30			

9. Name and Address of Current Registered Agent

BARFIELD, JAMES E.  
837 E. MAIN STREET  
IMMOKALEE FL 34143

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
CROSS ROAD  
83  
84 City Immokalee FL 85 Zip Code 34142

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 James E. BARFIELD

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

(If "E" Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	BARFIELD, JAMES E.	
STREET ADDRESS	11730 OIL GRADE RD	
CITY - ST - ZIP	IMMOKALEE FL	
TITLE	V	DELETE
NAME	BARFIELD, THOMAS W.	
STREET ADDRESS	HWY. 29	
CITY - ST - ZIP	IMMOKALEE FL	
TITLE	ST	DELETE
NAME	BARFIELD, MARY ALICE	
STREET ADDRESS	HWY. 29	
CITY - ST - ZIP	IMMOKALEE FL	
TITLE	C	DELETE
NAME	BARFIELD, JAMES F.	
STREET ADDRESS	HWY. 29	
CITY - ST - ZIP	IMMOKALEE FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	CROSS ROAD
1.4 CITY - ST - ZIP	Immokalee, FL 34142
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	560 Fox Creek Drive
2.4 CITY - ST - ZIP	Lehigh, FL 33936
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: James E. BARFIELD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-97

Date

Daytime Phone # 0000000

CP2E034 (9/96)