

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 # 645727 (9)

1. Corporation Name

DAVID RICH'S PRODUCE CO., INC.



Principal Place of Business

MIAN STREET AND RIVER RD
PO BOX 248
WEWAHITCHKA FL 32465

Mailing Address

MIAN STREET AND RIVER RD
PO BOX 248
WEWAHITCHKA FL 32465

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

RICH, DAVID M., SR.
MAIN STREET AND RIVER ROAD
WEWAHITCHKA FL

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 of Current Registered Agent (Title 607.0505, Florida Statutes)

Signature of Registered Agent (Title 607.0505, Florida Statutes)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RICH, DAVID M., SR.
STREET ADDRESS 4TH ST LAKE AVE
CITY-STATE-ZIP WEWAHITCHKA FL

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

TITLE SD
NAME RICH, ELIZABETH H
STREET ADDRESS 4TH ST LAKE AVE
CITY-STATE-ZIP WEWAHITCHKA FL

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

TITLE D
NAME RICH, DAVID C.
STREET ADDRESS 4TH ST LAKE AVE
CITY-STATE-ZIP WEWAHITCHKA FL

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-96 904-639-5343

CR2E034 (12/95)