

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F09030 (0)**

1. Corporation Name

AKIN & PORTER PRODUCE OF PLANT CITY, INC.



Principal Place of Business

Mailing Address

**UNIT 1 FARMERS MARKET
PLANT CITY FL.**

**UNIT 1 FARMERS MARKET
PLANT CITY FL.**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

**AMERSON, LEVAUGHN
3512 N. YOUNG RD.
PLANT CITY FL**

3. Date Incorporated or Qualified

12/12/1980

3a. Date of Last Report

02/07/1995

4. FCI Number

59-2049399

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	D PORTER, JAMES
STREET ADDRESS	POST OFFICE BOX D N/A
CITY, STATE, ZIP	GREENFIELD TN
TITLE	<input type="checkbox"/> DELETE
NAME	DP AMERSON, LEVAUGHN
STREET ADDRESS	3512 N. YOUNG RD.
CITY, STATE, ZIP	PLANT CITY, FL 0
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PORTER, JACK
STREET ADDRESS	POST OFFICE BOX D N/A
CITY, STATE, ZIP	GREENFIELD TN
TITLE	<input type="checkbox"/> DELETE
NAME	ST PERKINS, JEFF
STREET ADDRESS	P.O. BOX D <HWY 45> NA
CITY, STATE, ZIP	GREENFIELD TN
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, STATE, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, STATE, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, STATE, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, STATE, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, STATE, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, STATE, ZIP	

14. I do hereby certify that the information supplied in 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 omitted and filled with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Levaughn Amerson

1-29-96

813-754-7657

CR2E034 (12/95)