

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F83151 (3)

1. Corporation Name
GARREN-TEED PRODUCE COMPANY, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 PM 7: 09

Principal Place of Business Mailing Address
~~10001 NW 20th Ter~~ P.O. BOX 2682
~~HOMESTEAD FL 33064~~ INVERNESS FL 34451

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/26/1982** 3a. Date of Last Report **03/29/1994**

4. FEI Number **58-1475908** 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

2. Principal Place of Business 2a. Mailing Address

21 **236 N. Krome Ave** 26
Suite, Apt. #, etc.

22 City & State 27

23 **Florida City, FL** 28

24 **33034** 25 **USA** 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARREN, J KEITH
10001 NW 20th Ter
HOMESTEAD FL 33064**

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
236 N. Krome Ave
03
04 City **Florida City** FL 05 Zip Code **33034**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **GARREN, KEITH**
STREET ADDRESS ~~10001 NW 20th Ter~~
CITY-ST-ZIP ~~HOMESTEAD FL 33064~~

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **236 N. Krome Ave**
1.4 CITY-ST-ZIP **Florida City FL 33034**

TITLE **SVP**
NAME **GARREN, JACKIE M**
STREET ADDRESS ~~10001 NW 20th Ter~~
CITY-ST-ZIP ~~HOMESTEAD FL 33064~~

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **236 N. Krome Ave**
2.4 CITY-ST-ZIP **Florida City FL 33034**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 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: Jackie M. Garren S.C.U.P. 3/31/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jackie M. Garren