

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000003134 (2)**

1. Corporation Name
NORTH BAY PRODUCE, INC.



Principal Place of Business: **PO BOX 988 TRAVERSE CITY MI 49685-0988**
Mailing Address: **PO BOX 988 TRAVERSE CITY MI 49685-0988**

21. Principal Place of Business: State, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address: State, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

3. Date Incorporated or Qualified: **06/28/1995**
3a. Date of Last Report
4. FEI Number: **38-3002393**
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 is liable for intangible tax under S. 193.032 Florida Statute: Yes No

9. Name and Address of Current Registered Agent

**BURGOS, MICHAEL A
2119 NW 84TH AVE.
MIAMI FL 33126**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0902 and 607.1506, 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: _____ (Print Name, Title, and Address of Signer) (Date)

12. OFFICERS AND DIRECTORS

12.1 TITLE	CPD	<input type="checkbox"/> DELETE
12.2 NAME	HACKERT, ROY	
12.3 STREET ADDRESS	3958 WEST CHAUVEZ ROAD	
12.4 CITY, STATE, ZIP	LUDINGTON MI 49431	
12.5 TITLE	C	<input type="checkbox"/> DELETE
12.6 NAME	WRIGHT, GEORGE	
12.7 STREET ADDRESS	13375 BELDING ROAD	
12.8 CITY, STATE, ZIP	BELDING MI 48809	
12.9 TITLE	V	<input type="checkbox"/> DELETE
12.10 NAME	BOGARD, RICHARD L	
12.11 STREET ADDRESS	1771 NORTH US 31 SOUTH	
12.12 CITY, STATE, ZIP	TRAVERSE CITY MI 49684	
12.13 TITLE	V	<input type="checkbox"/> DELETE
12.14 NAME	GIRARDIN, MARK A	
12.15 STREET ADDRESS	1771 NORTH US 31 SOUTH	
12.16 CITY, STATE, ZIP	TRAVERSE CITY MI 49684	
12.17 TITLE	STD	<input type="checkbox"/> DELETE
12.18 NAME	ADKIN, RANDY	
12.19 STREET ADDRESS	RT 4, 65TH ST	
12.20 CITY, STATE, ZIP	SOUTH HAVEN MI 48090	
12.21 TITLE	D	<input type="checkbox"/> DELETE
12.22 NAME	REISTER, ROBERT	
12.23 STREET ADDRESS	6331 US 31 SOUTH	
12.24 CITY, STATE, ZIP	GRAWN MI 49637	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE	
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.073(k), Florida Statutes. I further certify that the information indicated on this annual report or successor 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 or person 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 immediately following an addition.

SIGNATURE: *Mark A. Girardin* Mark A. Girardin 1/30/96 (616) 946-1941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Registered Agent

CR2E034 (12/95)