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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT

1995



Department of Banking and Finance
Division of Corporations

DOCUMENT # H05762 (0)

ORCHID ISLAND GROWERS, INC.

DO NOT WRITE IN THIS SPACE.

1. Principal Place of Business 8180 US #1 WABASSO FL 32967 US		Mailing Address 7920 JUNGLE TRAIL VERO BEACH FL 32967 US		3. Date Incorporated or Qualified 05/30/1984	3a. Date of Last Report 04/20/1994
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2565362		Applied For Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation has liability for intangible tax under S. 199.012, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MICHAEL, BURKE E TWO EARRING POINT VERO BEACH FL 32963				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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. TITLE	PTD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	MICHAEL, BURKE E.	2. NAME	MICHAEL-NEELY, BURKE
3. STREET ADDRESS	2 EARRING POINT	3. STREET ADDRESS	
4. CITY - ST - ZIP	VERO BEACH FL	4. CITY - ST - ZIP	
5. TITLE	VPD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	MICHAEL, TIMOTHY P.	6. NAME	
7. STREET ADDRESS	4 EARRING POINT	7. STREET ADDRESS	
8. CITY - ST - ZIP	VERO BEACH FL	8. CITY - ST - ZIP	
9. TITLE	SD	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	WAGGAMAN, B. ANN	10. NAME	
11. STREET ADDRESS	3631 OCEAN DRIVE.	11. STREET ADDRESS	
12. CITY - ST - ZIP	VERO BEACH FL	12. CITY - ST - ZIP	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY - ST - ZIP		16. CITY - ST - ZIP	
17. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY - ST - ZIP		20. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing or voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 each member made, 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 42 or Block 43a changed, or on an attachment with an address.

SIGNATURE: *Burke Michael Neely* BURKE MICHAEL-NEELY 2/6/95 (407) 388-1860