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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 9:45

DOCUMENT # **J72010** **(8)**

1. Corporation Name

ZELLWOOD CARROT PRODUCTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 188 6161 W. JONES AVENUE ZELLWOOD FL 32798	P.O. BOX 188 6161 W. JONES AVENUE ZELLWOOD FL 32798

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/11/1987**
3a. Date of Last Report: **01/19/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-2818567** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

O'DONNELL, JAMES D.
1648 OSCEOLA STREET
JACKSONVILLE FL 32204

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 607.0505, Florida Statutes.

SIGNATURE _____ (NEW Registered Agent signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	JORGENSEN, MARGARET	12 NAME	
STREET ADDRESS	1750 SUSSEX DR.	13 STREET ADDRESS	
CITY ST ZIP	MT.DORA FL	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	JORGENSEN, KENNETH F.	22 NAME	
STREET ADDRESS	1750 SUSSEX DR.	23 STREET ADDRESS	
CITY ST ZIP	MT.DORA FL	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	STALEY, JAMES M.	32 NAME	
STREET ADDRESS	2103 DOGWOOD CIRCLE	33 STREET ADDRESS	
CITY ST ZIP	MT.DORA FL	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	ROGERS, GLENN R.	42 NAME	
STREET ADDRESS	2245 MORNINGSIDE DR.	43 STREET ADDRESS	
CITY ST ZIP	MT.DORA FL	44 CITY ST ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, CHARLES W.	52 NAME	
STREET ADDRESS	1111 AVALON WAY	53 STREET ADDRESS	
CITY ST ZIP	MT.DORA FL	54 CITY ST ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	YOUNGS,THOMAS L.	62 NAME	
STREET ADDRESS	1450 RAINTREE LANE	63 STREET ADDRESS	
CITY ST ZIP	MT.DORA FL	64 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)(i), 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: James M. Staley JAMES M. STALEY 1/9/95 (407) 886-1891
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #