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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

TITLE **VD** ☐ DELETE
NAME **JORGENSEN, MARGARET**
STREET ADDRESS **1750 SUSSEX DR.**
CITY-STATE-ZIP **MT.DORA FL**

TITLE **PD** ☐ DELETE
NAME **JORGENSEN, KENNETH F.**
STREET ADDRESS **1750 SUSSEX DR.**
CITY-STATE-ZIP **MT.DORA FL**

TITLE **STD** ☐ DELETE
NAME **STALEY, JAMES M.**
STREET ADDRESS **2103 DOGWOOD CIRCLE**
CITY-STATE-ZIP **MT.DORA FL**

TITLE **VD** ☐ DELETE
NAME **ROGERS, GLENN R.**
STREET ADDRESS **2245 MORNINGSIDE DR.**
CITY-STATE-ZIP **MT.DORA FL**

TITLE **VD** ☐ DELETE
NAME **KENNEDY, CHARLES W.**
STREET ADDRESS **1111 AVALON WAY**
CITY-STATE-ZIP **MT.DORA FL**

TITLE **VD** ☐ DELETE
NAME **YOUNGS, THOMAS L.**
STREET ADDRESS **1450 RAIN TREE LANE**
CITY-STATE-ZIP **MT.DORA FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

James M. Staley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M. STALEY

1/16/96

(407) 886-1891

CR2E034 (12/95)