


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J72010** (8)
1. Corporation Name
ZELLWOOD CARROT PRODUCTS, INC.

Principal Place of Business P.O. BOX 188 6161 W. JONES AVENUE ZELLWOOD FL 32798	Mailing Address P.O. BOX 188 6161 W. JONES AVENUE ZELLWOOD FL 32798
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/11/1987	
				4. FEI Number 59-2818567	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGENSEN, MARGARET	1.2 NAME	
STREET ADDRESS	1750 SUSSEX DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MT.DORA FL	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGENSEN, KENNETH F.	2.2 NAME	
STREET ADDRESS	1750 SUSSEX DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MT.DORA FL	2.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STALEY, JAMES M.	3.2 NAME	
STREET ADDRESS	2103 DOGWOOD CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MT.DORA FL	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, GLENN R.	4.2 NAME	
STREET ADDRESS	2245 MORNINGSIDE DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MT.DORA FL	4.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, CHARLES W.	5.2 NAME	
STREET ADDRESS	1111 AVALON WAY	5.3 STREET ADDRESS	
CITY - ST - ZIP	MT.DORA FL	5.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNGS, THOMAS L.	6.2 NAME	
STREET ADDRESS	1450 RAIN TREE LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	MT.DORA FL	6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing 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:

[Signature] **IRE REQUIRED**

1/5/98

(407) 886-1891

CR2E034 (10/97)