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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **K68864**

(3)

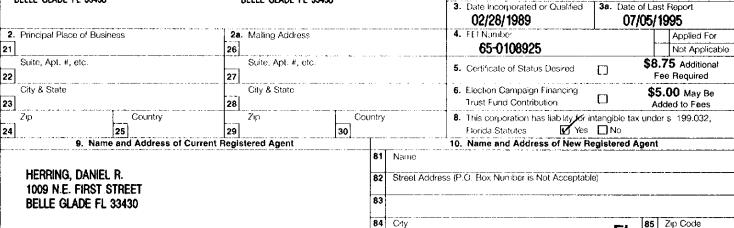
HERRING BROTHERS, INC.

Principal Place of Business
% DANIEL R. HERRING 1009 N.E. FIRST STREET
BELLE GLADE FL 33430

Corporation Name

Mailing Address

% DANIEL R. HERRING 1009 N.E. FIRST STREET BELLE GLADE FL 33430



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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	☐ DELETE	1.11/46	Change Add	
NAME	HERRING, DANIEL R.		1.2 NAME		
STREET ADDRESS	1009 N.E. FIRST STREET		1.3 STREET ADDRESS		
CITY-SI-ZIP	BELLE GLADE FL		1.4 C-TY - ST - Z-P		
IMLE	DP	DELE IF	2. 1 TITLE	Change Add	
NAME	HERRING, JAMES M., JR.		2.2 NAME		
STREET ADDRESS	808 N.E. SECOND STREET		23 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL		2.4.0(TY+S1+Z)P		
TITLE		DELETE	3 1 TITLE	Change Add	
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
DiTY-ST-ZIP			3.4 CHY+SI-ZIF		
TITLE		☐ DELETE	4 1 TITLE	Change Add	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CiTY - ST - ZiP		
TITLE	·	DEFEIF	5. 1 TITLE	Change Add	
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADORESS		
CITY-ST-ZIP			5.4 CHY+S1+ZIP		
TITLE		DELETE	6 1 TITLE	☐ Change ☐ Add	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		
DITY-ST-ZP			6.4 C(TY - S1 - 7(P		

14. 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 13 if cylenged, or on an attachment with an address

SIGNATURE:

Con She Corried Signing Officer on Director

3/12/96

407-996-1915