

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L17761** (2)

1. Corporation Name
ROBERT ERNESTON PRODUCE, INC.



Principal Place of Business: **%ROBERT C. ERNESTON 2201 SE INDIAN CT., R.F. BOX 1-0008-14 STUART FL 34994**
Mailing Address: **%ROBERT C. ERNESTON 2201 SE INDIAN CT., R.F. BOX 1-0008-14 STUART FL 34997**

630 SE Flagler Avenue *630 SE Flagler Avenue*

21	2a	21	2a
Principal Place of Business	Mailing Address	Principal Place of Business	Mailing Address
22	26	22	26
State, Apt. #, etc.	Suite, Apt. #, etc.	State, Apt. #, etc.	Suite, Apt. #, etc.
23	27	23	27
City & State	City & State	City & State	City & State
24	28	24	28
Zip	Zip	Zip	Zip
25	29	25	29
Country	Country	Country	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
09/20/1989	01/20/1995
4. FEI Number	Applied For
65-0145875	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ERNESTON, ROBERT C.
8004 SE PELICAN ISLAND WAY *8475 SE Mangrove St.*
HOBE SOUND FL 33455

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 officer 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 of registered agent or registered agent and the incorporator (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNESTON, ROBERT C.	1.2 NAME	
STREET ADDRESS	8004 SE PELICAN ISLAND WAY	1.3 STREET ADDRESS	<i>8475 SE Mangrove Street</i>
CITY-STATE-ZIP	HOBE SOUND FL 33455	1.4 CITY-STATE-ZIP	
TITLE	DST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNESTON, PATTI L.	2.2 NAME	
STREET ADDRESS	8004 SE PELICAN ISLAND WAY	2.3 STREET ADDRESS	<i>8475 SE Mangrove Street</i>
CITY-STATE-ZIP	HOBE SOUND FL 33455	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I 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: *Patti W. Erneston, Sec./Pres.* 1-19-96 407-288-6345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)