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Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L18251 (3)

1. Corporation Name
MORRISON FARMS, INC.

Principal Place of Business 176TH STREET POST OFFICE BOX 39 MCALPIN FL 32062 US	Mailing Address U.S. HWY 129 SOUTH POST OFFICE BOX 39 MCALPIN FL 32062-0039
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/22/1989	3a. Date of Last Report 04/08/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2981172	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	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

MORRISON, FRED J
12268 117TH DRIVE
LIVE OAK FL 32060

10. Name and Address of New Registered Agent


81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 for 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MORRISON, FRED J	1.2 NAME	
STREET ADDRESS	P O BOX 39 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	MCALPIN FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	
NAME	MORRISON, TERRY W.	2.2 NAME	
STREET ADDRESS	P O BOX 39 N/A	2.3 STREET ADDRESS	
CITY - ST - ZIP	MCALPIN FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	
NAME	MORRISON, CHARLES A	3.2 NAME	
STREET ADDRESS	P O BOX 39 N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	MCALPIN FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	C
NAME		4.2 NAME	Green, Bill
STREET ADDRESS		4.3 STREET ADDRESS	P.O. Box 39 N/A
CITY - ST - ZIP		4.4 CITY - ST - ZIP	McAlpin, FL
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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:  1/3/97 804-362-1847
Date Daytime Phone

CR2E034 (9/96)