

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 # **P34419** (2)

1. Corporation Name
ELLIOTTS PRODUCE INC.



Principal Place of Business: **2278 HALL'S MILL ROAD MOBILE AL 36606-4617**
Mailing Address: **2278 HALL'S MILL ROAD MOBILE AL 36606-4617**

| | | | |
|---|-------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 06/14/1991 | 3a. Date of Last Report 05/01/1995 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 63-0707861 | Applied For 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 | 8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

| | |
|--|--------------|
| 81. Name | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83. | |
| 84. City | |

11. Pursuant to the provisions of Sections 607.0602 and 607.1504, 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: *Sandra Collier*

DATE: **3-6-96**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DCP COLLIER, SANDRA E. | 2. NAME | |
| STREET ADDRESS | 2278 HALL'S MILL RD. | 13. STREET ADDRESS | |
| CITY, ST, ZIP | MOBILE AL | 14. CITY, ST, ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DVC ELLIOTT, CHARLES E., JR. | 22. NAME | |
| STREET ADDRESS | 1300 LEROY STEVENS RD. | 23. STREET ADDRESS | |
| CITY, ST, ZIP | MOBILE AL | 24. CITY, ST, ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DST ELLIOTT, BRIAN G. | 32. NAME | |
| STREET ADDRESS | 1286 LEROY STEVENS RD. | 33. STREET ADDRESS | |
| CITY, ST, ZIP | MOBILE AL | 34. CITY, ST, ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42. NAME | |
| STREET ADDRESS | | 43. STREET ADDRESS | |
| CITY, ST, ZIP | | 44. CITY, ST, ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52. NAME | |
| STREET ADDRESS | | 53. STREET ADDRESS | |
| CITY, ST, ZIP | | 54. CITY, ST, ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62. NAME | |
| STREET ADDRESS | | 63. STREET ADDRESS | |
| CITY, ST, ZIP | | 64. CITY, ST, ZIP | |

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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 supplier's annual report is true and accurate and that my signature shall have the same legal effect as if made by me. 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: *Sandra Collier*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x **3-6-96** (334) 479-9555

CR2E034 (12/95)

Sandra Collier
3/6/96