

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

FILED

Mar 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000003106 (0)

1. Corporation Name  
BERRY FOODS, INC.



Principal Place of Business

HWY 80, 5 MILES WEST  
LABELLE FL 33935

Mailing Address

P.O. BOX 459  
ATTN: KATHY MCDANIEL  
LABELLE FL 33975-0459  
US

3. Date Incorporated or Qualified 01/12/1993	3a. Date of Last Report 01/30/1996
4. FEI Number 65-0379751	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 P.O. Box 5609
22 City & State	27 Suite, Apt. #, etc Attn: Kathy McDaniel
23 Zip	28 City & State Winter Haven FL
24 Country	29 Zip 33880
25	30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDANIEL, KATHY H  
HWY 80, 5 MILES WEST  
LABELLE FL 33935

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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, JACK M SR	1.2 NAME	
STREET ADDRESS	EAGLE LAKE LOOP RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL 33880	1.4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, JACK M JR	2.2 NAME	
STREET ADDRESS	EAGLE LAKE LOOP RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL 33880	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, H J JR	3.2 NAME	
STREET ADDRESS	HWY. 80, 5 MILES W.	3.3 STREET ADDRESS	
CITY - ST - ZIP	LABELLE FL 33935	3.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELLERS, CALVIN C JR	4.2 NAME	
STREET ADDRESS	HWY 80, WEST	4.3 STREET ADDRESS	
CITY - ST - ZIP	LABELLE FL	4.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAXON, NANCY S	5.2 NAME	
STREET ADDRESS	HWY 80, WEST	5.3 STREET ADDRESS	
CITY - ST - ZIP	LABELLE FL	5.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, KATHY H	6.2 NAME	
STREET ADDRESS	HWY. 80 W.	6.3 STREET ADDRESS	
CITY - ST - ZIP	LABELLE FL 33935	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:

*Kathy H. McDaniel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/97

941/324-4988

CR2E034 (9/96)