

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000025630 (3)

1. Corporation Name

FAR SOUTH SUPPLIERS INC.



Principal Place of Business

2613 DELL KEEN ROAD
PLANT CITY FL 33565

Mailing Address

2613 DELL KEEN ROAD
PLANT CITY FL 33565

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip

24 25

29

30

9. Name and Address of Current Registered Agent

PEASE, BARBARA
2613 DELL KEEN ROAD
PLANT CITY FL 33565

3. Date Incorporated or Qualified 04/07/1993	3a. Date of Last Report 11/29/1995
4. FEI Number 59-3181017	Applied For Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name <input type="checkbox"/>	
82 Street Address (P.O. Box Number is Not Acceptable) <input type="checkbox"/>	
83 <input type="checkbox"/>	
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, 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 with original signature and title if applicable

IN-11. Registered Agent Statement for Existing Corporation

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE	13.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D		1.1 TITLE	
NAME PEASE, RICHARD SR		1.2 NAME	
STREET ADDRESS 2613 DELL KEEN ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP PLANT CITY FL 33565		1.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME PEASE, BARBARA		2.2 NAME	
STREET ADDRESS 2613 DELL KEEN ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP PLANT CITY FL 33565		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: *Barbara J. Pease* Barbara J. Pease 5-7-96 813-754-6601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)