

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 19 1997 8:00am  
Secretary of State

DOCUMENT # P93000045476 (7)

1. Corporation Name

K & R FARMS PRODUCE, INC.



Principal Place of Business

2601 S ORANGE BLOSSOM TRAIL  
ORLANDO FL 32805

Mailing Address

2601 S ORANGE BLOSSOM TRAIL  
ORLANDO FL 32805-5456

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/01/1993

3a. Date of Last Report

04/29/1996

4. FEI Number

59-3188004

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

BRADFORD, CARTER A  
800 E COLONIAL DR., S-310  
ORLANDO FL 32803

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 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE

NAME PSD  
KELLY, OVA F.  
STREET ADDRESS 225 HAMMOCK DUNES PL  
CITY-ST-ZIP ORLANDO FL

DELETE

12.2 TITLE  
NAME VPTD  
STREET ADDRESS ROBERTS, GARY S.  
CITY-ST-ZIP 2927 SILVER RIDGE DR  
ORLANDO FL

DELETE

12.3 TITLE  
NAME SD  
STREET ADDRESS MEEK, WILLIAM  
CITY-ST-ZIP 2807 S FORBES ST  
PLANT CITY FL

DELETE

12.4 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

12.5 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

12.6 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

12.7 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

12.8 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

12.9 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

12.10 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

12.11 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

12.12 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

12.13 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

12.14 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

12.15 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

12.16 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

12.17 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

12.18 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

12.19 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

12.20 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY-ST-ZIP

13.5 TITLE

13.6 NAME  
13.7 STREET ADDRESS  
13.8 CITY-ST-ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-ST-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-ST-ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 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:

OVA F. KELLY

5/12/97

407-423-8808

CR2E034 (9/96)