FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:39

DOCUMENT # P94000049544 (7)

1. Corporation Name
MORRISON'S PRODUCE, INC.

Principal Place of Business	Mailing Address
COUNTY ROAD 176 MCALPIN FL 33062	P O BOX 39 MCALPIN FL 32062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1994
3a. Date of Last Report: 07/01/94

2. Principal Place of Business
21 176th STREET
Suite, Apt. #, etc. 22
City & State 23 MCALPIN, FL
Zip 24 32062 Country 25 SUWANNEE

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-3253899 ☐ 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

MORRISON, FRED J
COUNTY ROAD 176
MCALPIN FL 33062

10. Name and Address of New Registered Agent

81 Name: MORRISON, FRED J.
82 Street Address (P.O. Box Number is Not Acceptable): HIGHWAY 129 SOUTH
83
84 City: LIVE OAK FL 85 Zip Code: 32060

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	MORRISON, FRED J	1.2 NAME	MORRISON,FRED J	
STREET ADDRESS	P O BOX 39 N/A	1.3 STREET ADDRESS	P.O. BOX 39	
CITY-ST-ZIP	MCALPIN FL 33062	1.4 CITY-ST-ZIP	MCALPIN,FL 32062	
TITLE	D	2.1 TITLE	D/S	☒ Change ☐ Addition
NAME	MORRISON, TERRY W	2.2 NAME	MORRISON,TERRY W.	
STREET ADDRESS	P O BOX 39 N/A	2.3 STREET ADDRESS	P.O. BOX 39	
CITY-ST-ZIP	MCALPIN FL 33062	2.4 CITY-ST-ZIP	MCALPIN,FL 32062	
TITLE		3.1 TITLE	V	☐ Change ☒ Addition
NAME		3.2 NAME	MORRISON,JOHN B.	
STREET ADDRESS		3.3 STREET ADDRESS	P.O. BOX 39	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MCALPIN,FL 32062	
TITLE		4.1 TITLE	V	☐ Change ☒ Addition
NAME		4.2 NAME	MORRISON,CHARLES A.	
STREET ADDRESS		4.3 STREET ADDRESS	P.O. BOX 39	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MCALPIN,FL 32062	
TITLE		5.1 TITLE	V	☐ Change ☒ Addition
NAME		5.2 NAME	SMITH,ROBERT D.	
STREET ADDRESS		5.3 STREET ADDRESS	P.O. BOX 39	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MCALPIN,FL 32062	
TITLE		6.1 TITLE		☐ Change ☐ Addition
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)(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: _____ /PRESIDENT 2/6/95 904-362-1847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402021 FP