

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 # P94000049544 (7)

1. Corporation Name

MORRISON'S PRODUCE, INC.



Principal Place of Business

176TH STREET
MCALPIN FL 32062
US

Mailing Address

P O BOX 39
MCALPIN FL 32062

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MORRISON, FRED J
~~HIGHWAY 128 BOX 17~~
LIVE OAK FL 32060

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

12268 - 117th Street

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

07/01/1994

3a. Date of Last Report

02/13/1995

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

10. Name and Address of New Registered Agent

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 requires witness) (SEE INSTRUCTIONS)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PD
MORRISON, FRED J
P O BOX 39 N/A
MCALPIN FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DS
MORRISON, TERRY W
P O BOX 39 N/A
MCALPIN FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

V
MORRISON, JOHN B
P O BOX 39 N/A
MCALPIN FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

V
MORRISON, CHARLES A
P O BOX 39 N/A
MCALPIN FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

V
SMITH, ROBERT D
P O BOX 39 N/A
MCALPIN FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

V
SMITH, ROBERT D
P O BOX 39 N/A
MCALPIN FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

V
SMITH, ROBERT D
P O BOX 39 N/A
MCALPIN FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

April 1, 1996 904 362 1847

CR2E034 (12/95)