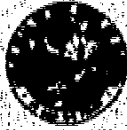


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED

95 APR 18 PM 10:08

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE Sandra D. Morheim Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000063776 (6)

1. Corporation Name

REDLAND CUSTOM HARVESTING & PACKING, INC.

Principal Place of Business

Mailing Address

27232 S. DOGE HIGHWAY NARANJA FL 33032

P.O. BOX 2162 NARANJA FL 33032

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

08/30/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

05-0522600

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing

\$5.00 May Be Added to Fees

23

28

Trust Fund Contribution

0

24

25

Country

29

30

Country

6. This corporation has liability for intangible tax under S. 189.032, Florida Statutes

X

Yes

No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDONALD, JAMES W JR. 15800 S.W. 288TH STREET SUITE 308 HOMESTEAD FL 33033

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD NAME COPE, ORRIN H STREET ADDRESS 27750 S.W. 157TH AVENUE CITY - ST - ZIP HOMESTEAD FL 33031

1.1 TITLE Change Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP

TITLE SD NAME COPE, L. DIANE STREET ADDRESS 27750 S.W. 157TH AVENUE CITY - ST - ZIP HOMESTEAD FL 33031

2.1 TITLE Change Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

3.1 TITLE Change Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

4.1 TITLE Change Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

5.1 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

6.1 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS 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 110.07(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 checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/95

309-247-1056