

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000076658

1. Corporation Name

ALEXANDER PRODUCE CO., INC.

Principal Place of Business

Mailing Address

814 BISHOP PL.
SEFFNER, FL 33584

814 BISHOP PL.
SEFFNER, FL 33584

2. Principal Place of Business

2a. Mailing Address

21 902B ALEXANDER ST.
Suite, Apt. #, etc.

26 P.O. BOX 638
Suite, Apt. #, etc.

22 City & State

27 City & State

23 PLANT CITY, FL

28 PLANT CITY, FL

Zip Country

Zip Country

24 33567

25 HILLS.

29 33564

30 HILLS.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERT H. ALEXANDER, SR.
814 BISHOP PLACE
SEFFNER, FL 33584

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 of principal place of business of registered agent and the filer (if filer)

INCITE: Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME ROBERT H. ALEXANDER, SR.
STREET ADDRESS 814 BISHOP PL
CITY- ST- ZIP SEFFNER, FL 33584

11 TITLE Change Addition
12 NAME P ROBERT H. ALEXANDER, ST.
13 STREET ADDRESS 814 BISHOP PL.
14 CITY- ST- ZIP SEFFNER, FL 33584

TITLE DELETE
NAME D PAULA J. ALEXANDER
STREET ADDRESS 814 BISHOP PL
CITY- ST- ZIP SEFFNER, FL 33584

15 TITLE Change Addition
16 NAME V PAULA J. ALEXANDER
17 STREET ADDRESS 814 BISHOP PL
18 CITY- ST- ZIP SEFFNER, FL 33584

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

19 TITLE Change Addition
20 NAME
21 STREET ADDRESS
22 CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

23 TITLE Change Addition
24 NAME
25 STREET ADDRESS
26 CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

27 TITLE Change Addition
28 NAME
29 STREET ADDRESS
30 CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 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)(b), 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:

Robert H. Alexander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/96

813-754-3552

CR2E034 (12/95)