

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 16 1997 8:00am
Secretary of State

DOCUMENT # P94000089556 (2)

1. Corporation Name

LAKE MANATEE VEGETABLE CORP.

Principal Place of Business

Mailing Address

16505 STATE ROAD 64 EAST
BRADENTON FL 34202

16505 STATE ROAD 64 EAST
BRADENTON FL 34202

3. Date Incorporated or Qualified
12/09/1994

3a. Date of Last Report
10/20/1995

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

10. Name and Address of New Registered Agent

MURRAY, MARK A.
16505 STATE RD 64 EAST
BRADENTON FL 34202

81 Name

Murray, Mark A.

82

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

6609 Riverview Blvd. W.

83

84

City

Bradenton,

FL

85

Zip Code

34209

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

Mark A. Murray

4/30/97

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WHISNANT, MAJOR, JR.	
STREET ADDRESS	16505 STATE RD 64 EAST	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	FORREST, RONNIE BONDS	
STREET ADDRESS	16505 STATE RD 64 EAST	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KINDER, JAMES	
STREET ADDRESS	16505 STATE RD 64 EAST	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MURRAY, MARK A.	
STREET ADDRESS	16505 STATE RD 64 EAST	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SUGERMAN, CAROLE	
STREET ADDRESS	16505 STATE RD 64 EAST	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, MARVIN	
STREET ADDRESS	16505 STATE RD 64 EAST	
CITY-ST-ZIP	BRADENTON FL 34202	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Director/President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	James Kinder
3.3 STREET ADDRESS	16505 St. Rd. 64 East; Bradenton, FL
3.4 CITY-ST-ZIP	34202
4.1 TITLE	Director/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mark A. Murray
4.3 STREET ADDRESS	6609 Riverview Blvd. W.; Bradenton, FL
4.4 CITY-ST-ZIP	34209
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	500002195615
5.3 STREET ADDRESS	-05/30/97--01007--017
5.4 CITY-ST-ZIP	***165.00
6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	James Williams
6.3 STREET ADDRESS	16505 St. Rd. 64 East; Bradenton, FL
6.4 CITY-ST-ZIP	34202

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

JAMES KINDER, PRESIDENT

Date

Daytime Phone #

CR2E034 (12/95)