


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000045187 (8)**

1. Corporation Name
CARTER'S PRODUCE, INC.



Principal Place of Business 4106 SOUTH EDWARDS ROAD PLANT CITY FL 33567	Mailing Address 4106 SOUTH EDWARDS ROAD PLANT CITY FL 33567-1850
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1995	3a. Date of Last Report 03/14/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3323394		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CARTER, ROBERT L 4106 SOUTH EDWARDS ROAD PLANT CITY FL 33567		10. Name and Address of New Registered Agent	
		81 Name Barbara Carter	
		82 Street Address (P.O. Box Number is Not Acceptable) 4106 S Edwards Road	
		83	
		84 City Plant City	85 Zip Code FL 33567

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 *Barbara Carter* *Barbara Carter* DATE **2-11-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARTER, ROBERT L		1.2 NAME	
STREET ADDRESS 4106 SOUTH EDWARDS ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP PLANT CITY FL 33567		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARTER, BARBARA		2.2 NAME	
STREET ADDRESS 4106 SOUTH EDWARDS ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP PLANT CITY FL 33567		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME John Carter	
STREET ADDRESS		3.3 STREET ADDRESS 4106 S Edwards Rd	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Plant City FL 33567	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Barbara Carter* DATE **2-11-97** DAYTIME PHONE # **813 737 4843**

CR2E034 (9/96)