

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 # P95000049457 (1)

1. Corporation Name

CARTER & KEENE PRODUCE, INC.



Principal Place of Business

Mailing Address

6744 LETO DRIVE  
TAMPA FL 33619

6744 LETO DRIVE  
TAMPA FL 33619

1423 E 109TH AVE  
TAMPA FL 33612

1423 E 109TH AVE  
TAMPA FL 33612

2. Principal Place of Business

2a. Mailing Address

21 1423 E 109TH AVE  
Suite, Apt. #, etc.

26 1423 E 109TH AVE  
Suite, Apt. #, etc.

22 City & State  
TAMPA FL

27 City & State  
TAMPA FL

23 Zip Country  
33612

28 Zip Country  
33612

3. Date Incorporated or Qualified

06/23/1995

3a. Date of Last Report

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

81 Name JAMES W KEENE

82 Street Address (P.O. Box Number is Not Acceptable)  
1423 E 109TH AVE

83

84 City TAMPA

FL

85 Zip Code 33612

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

*James W Keene*

(NOTE: Registered Agent signature required when reinstating)

DATE 2-12-96

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME CARTER, CLIFFORD J  
STREET ADDRESS 6714 LETO DRIVE  
CITY-ST-ZIP TAMPA FL 33619

TITLE V ☐ DELETE

NAME KEENE, JAMES W KEENE  
STREET ADDRESS 1423 EAST 109TH AVENUE  
CITY-ST-ZIP TAMPA FL 33612

TITLE ST ☐ DELETE

NAME KEENE, VERA M  
STREET ADDRESS 6744 LETO DRIVE  
CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ DELETE

NAME

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME DELETE

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE PRESIDENT ☒ Change ☐ Addition

22 NAME 1423 E 109TH AVE

23 STREET ADDRESS TAMPA FL 33612

24 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS 1423 E 109TH AVE

34 CITY-ST-ZIP TAMPA FL 33612

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE 000001746938 ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(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:

*James W Keene*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96

Date

941-993-1639

Daytime Phone #

813-622-8533

CR2E034 (12/95)