


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

FILED

Apr 23 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 # P96000077211 (6)

1. Corporation Name
CENTRAL FLORIDA VEGETABLE GROWERS, INC.



Principal Place of Business RT. 1 BOX 145D ONA FL 33862	Mailing Address RT. 1 BOX 145D ONA FL 33865-9642
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2. Principal Place of Business 21 2914 59th. St. Ct. E Suite, Apt. #, etc.		2a. Mailing Address 26 2914 59th. St. Ct. E Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/16/1996	3a. Date of Last Report
22 Bradenton, FL 34208 City & State		27 Bradenton, FL 34208 City & State		4. FEI Number 65-0727304	Applied For <input type="checkbox"/> Not Applicable
23 34208 Zip		28 USA Country		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 34208 Zip		25 USA Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
29 34208 Zip		30 USA Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HAWKINS, JOHN D ESQ. 1023 MANATEE AVE., WEST BRADENTON FL 34205		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 FL		86 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Pres. Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, JAMES H	1.2 NAME	JAMES M. WILLIAMS
STREET ADDRESS	RT. 1 BOX 145D	1.3 STREET ADDRESS	2914 59th. St. Ct. East
CITY-ST-ZIP	ONA FL 33862	1.4 CITY-ST-ZIP	Bradenton FL 34208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Sec./Treas. Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Una E. Williams
STREET ADDRESS		2.3 STREET ADDRESS	2914 59th. St. Ct. East
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Bradenton FL 34208 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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: *Una E. Williams* **UNA E WILLIAMS SEC/TRES.** 4-15-97

CR2E034 (9/96)