

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

FILED

May 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

DOCUMENT # P96000097769 (9)

1. Corporation Name
CLIFKEEN AGRICULTURAL, INC.

Principal Place of Business

837 E MAIN ST
IMMOKALEE FL

Mailing Address

837 E MAIN ST
IMMOKALEE FL 34142-3818



3. Date Incorporated or Qualified 12/04/1996		3a. Date of Last Report	
4. FEI Number 59-3415442		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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		10. Name and Address of New Registered Agent	
81 Name BARFIELD, JAMES E 837 E MAIN ST IMMOKALEE FL		82 Street Address (P.O. Box Number is Not Acceptable) 1212 N. 15th St.	
83		84 City FL	
85 Zip Code 34142			

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE James E. BARFIELD x *James E. Barfield* DATE 5-16-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARFIELD, JAMES E	1.2 NAME	
STREET ADDRESS	837 E MAIN ST	1.3 STREET ADDRESS	1212 N. 15th St.
CITY-ST-ZIP	IMMOKALEE FL	1.4 CITY-ST-ZIP	Immokalee, FL 34142
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARFIELD, JAMES F	2.2 NAME	
STREET ADDRESS	837 E MAIN ST	2.3 STREET ADDRESS	1212 N. 15th St.
CITY-ST-ZIP	IMMOKALEE FL	2.4 CITY-ST-ZIP	Immokalee, FL 34142
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARFIELD, THOMAS W	3.2 NAME	
STREET ADDRESS	837 E MAIN ST	3.3 STREET ADDRESS	1212 N. 15th St.
CITY-ST-ZIP	IMMOKALEE FL	3.4 CITY-ST-ZIP	Immokalee, FL 34142
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARFIELD, TERESA	4.2 NAME	
STREET ADDRESS	837 E MAIN ST	4.3 STREET ADDRESS	1212 N. 15th St.
CITY-ST-ZIP	IMMOKALEE FL	4.4 CITY-ST-ZIP	Immokalee, FL 34142
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARFIELD, ALICE E	5.2 NAME	
STREET ADDRESS	837 E MAIN ST	5.3 STREET ADDRESS	1212 N. 15th St.
CITY-ST-ZIP	IMMOKALEE FL	5.4 CITY-ST-ZIP	Immokalee, FL 34142
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARFIELD, MARY A	6.2 NAME	
STREET ADDRESS	837 E MAIN ST	6.3 STREET ADDRESS	1212 N. 15th St.
CITY-ST-ZIP	IMMOKALEE FL	6.4 CITY-ST-ZIP	Immokalee, FL 34142

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: *James E. Barfield* x *James E. Barfield* DATE 5-16-97 DAYTIME PHONE # 941 6578365

CR2E034 (9/96)