

**FILE NOW: FILING FEE AFTER MAY 1 IS \$255.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # V20318 (4)

1. Corporation Name  
**AMELIA ISLAND PRODUCE CO., INC.**



Principal Place of Business: 1805 LIL WILLIAM RD. FERNANDINA BEACH FL 32034 US  
Mailing Address: P. O. BOX 47 FERNANDINA BEACH FL 32034 US

3. Date Incorporated or Qualified: 03/09/1992  
3a. Date of Last Report: 03/27/1995  
4. FEI Number: 59-3112085  
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

2. Principal Place of Business: 21 2001 Hodges Blvd, 22 Suite, Apt. #, etc. 207, 23 City & State Jacksonville, FL, 24 Zip 32224, 25 Country, 26 Mailing Address, 27 Suite, Apt. #, etc., 28 City & State, 29 Zip, 30 Country

9. Name and Address of Current Registered Agent  
WINSTON, WAYNE W.  
1805 LIL WILLIAM RD.  
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent  
81 Name: Wayne W. Winston  
82 Street Address (P.O. Box Number is Not Acceptable): 2001 Hodges Blvd Apt 207  
83 Jacksonville, FL 32224  
84 City: Jacksonville, FL 85 Zip Code: 32224

11. Pursuant to the provisions of Sections 607.0402 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: *Wayne W. Winston* 4/30/96

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	WINSTON, WAYNE W.	1.2 NAME	
STREET ADDRESS	1805 LIL WILLIAM RD.	1.3 STREET ADDRESS	2001 Hodges Blvd Apt 207
CITY - ST - ZIP	FERNANDINA BEACH FL	1.4 CITY - ST - ZIP	Jacksonville, FL 32224
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSTON, LINDA M.	2.2 NAME	
STREET ADDRESS	1805 LIL WILLIAM RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FERNANDINA BEACH FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		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		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		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 is voluntarily furnished and certifies 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 employed 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 as an attachment with an address.

SIGNATURE: *Wayne W. Winston* 4/30/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)