

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
SARAH B. MURKIN
SECRETARY OF STATE
TALLAHASSEE, FL 32399-0746 (850) 488-3424

APPROVED
AND
FILED

DOCUMENT # V70157

(5)

1. Corporation Name

SOUTHERN PRODUCE, INC.

Principal Place of Business

98 VINEYARDS BLVD.
NAPLES FL 33999

Mailing Address

98 VINEYARDS BLVD.
NAPLES FL 33999

2. Principal Place of Business

21 Suite Apt # 08

2a. Mailing Address

26 Suite Apt # 08

22 City & State

27 City & State

23 Zip

28 Zip

24 County

29 County

30

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1992

3a. Date of Last Report

07/29/1994

4. FEI Number

65-0371854

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

True Fund Contribution

Added to Fees

7. The corporation has liability for intangible tax under § 199.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.02(2) and 607.10(8), 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 607.02(8), Florida Statutes.

SIGNATURE:

Larry P. Lawbach

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICE
NAME
STREET ADDRESS
CITY ST ZIP

11. OFFICE

12. NAME

13. STREET ADDRESS

14. CITY ST ZIP

Change Addition

OFFICE
NAME
STREET ADDRESS
CITY ST ZIP

15. OFFICE

16. NAME

17. STREET ADDRESS

18. CITY ST ZIP

Change Addition

DELETE THIS OFFICER

OFFICE
NAME
STREET ADDRESS
CITY ST ZIP

19. OFFICE

20. NAME

21. STREET ADDRESS

22. CITY ST ZIP

Change Addition

OFFICE
NAME
STREET ADDRESS
CITY ST ZIP

23. OFFICE

24. NAME

25. STREET ADDRESS

26. CITY ST ZIP

Change Addition

OFFICE
NAME
STREET ADDRESS
CITY ST ZIP

27. OFFICE

28. NAME

29. STREET ADDRESS

30. CITY ST ZIP

Change Addition

OFFICE
NAME
STREET ADDRESS
CITY ST ZIP

31. OFFICE

32. NAME

33. STREET ADDRESS

34. CITY ST ZIP

Change Addition

14. I hereby verify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made orally. That I am an officer or director of the corporation or the manager 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 in an attachment with an address.

SIGNATURE: Larry P. Lawbach Larry P. Lawbach 4/28/95 (215) 751-2360
BROUGHT IN AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR