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 # **315237** **(8)**

1. Corporation Name

BISCHOFF FARMS INC

Principal Place of Business	Mailing Address
7819 ARROW LANE YALAHA FL 34797	7819 ARROW LANE YALAHA FL 34797

3. Date Incorporated or Qualified: **03/29/1967**
3a. Date of Last Report: **07/31/1995**
4. FEI Number: **59-1206212** ☐ 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

2. Principal Place of Business
21 414 East Revels Rd
Suite, Apt. #, etc
22
City & State
23 Howey-in-the-HILLS Fl.
Zip 24 34737 Country 25 Lake

2a. Mailing Address
26 414 East Revels Rd
Suite, Apt. #, etc
27
City & State
28 Howey-in-the-Hills Fl.
Zip 29 34737 Country 30 Lake

9. Name and Address of Current Registered Agent

RONALD K. BISCHOFF
7819 ARROW LANE
YALAHA FL 34797

10. Name and Address of New Registered Agent

81 Name: Ronald K.Bischoff
82 Street Address (P.O. Box Number is Not Acceptable): 414 East Revels Rd.
83
84 City: Howey-in-the-Hills Fla. FL 85 Zip Code: 34737

ADDRESS CHANGE

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	11 TITLE	☒ Change	☐ Addition
NAME	BISCHOFF, RONALD K		12 NAME		
STREET ADDRESS	7819 ARROW LANE		13 STREET ADDRESS	414 East Revels Rd.	
CITY-ST-ZIP	YALAHA FL		14 CITY-ST-ZIP	Howey-in-the-Hills Fla.	
TITLE	SD	☐ DELETE	21 TITLE	☐ Change	☐ Addition
NAME	BISCHOFF, JULIA		22 NAME		
STREET ADDRESS	9602 BRINT RD		23 STREET ADDRESS		
CITY-ST-ZIP	SYLVANIA, OH 00000		24 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	31 TITLE	☒ Change	☐ Addition
NAME	BISCHOFF, ANN		32 NAME		
STREET ADDRESS	7819 ARROW LANE		33 STREET ADDRESS	414 East Revels Rd.	
CITY-ST-ZIP	YALAHA FL		34 CITY-ST-ZIP	Howey-in-the-Hills Fla.	
TITLE		☐ DELETE	41 TITLE	☐ Change	☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE	☐ Change	☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE	☐ Change	☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Ronald K. Bischoff 4/26/96 (352) 324-2421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
RONALD K. BISCHOFF