

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

APPROVED AND FILED

MAY 11 11:10:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Barbara B. Murrain
 Secretary of State
 CORPORATION REGISTRATION DIVISION

DOCUMENT # 317911 (6)
 CORAL HILLS FARMS, INC.

Principal Place of Business: **2300 CORAL HILLS ROAD APOPKA FL 32703**
 Mailing Address: **2300 CORAL HILLS ROAD APOPKA FL 32703**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **06/20/1967**
 3a. Date of Last Report: **12/16/1994**
 4. FEI Number: **59-1217434**
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. This corporation is a subsidiary of a Federal or State Government: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes: **Yes** **No**

2. Previous Principal Business: **21**
 2a. Mailing Address: **26**
 22. State Apt # etc: **27**
 23. City & State: **28**
 24. Zip: **25** Country: **29** Country: **30**

9. Name and Address of Current Registered Agent:
DEVITA, PHILIP A.
2300 CORAL HILLS ROAD
APOPKA FL 32703
 10. Name and Address of New Registered Agent:
 B1 Name:
 B2 Street Address (P.O. Box Number is Not Acceptable):
 B3:
 B4 City: **FL** B5 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL REGISTERED AGENTS	
TITLE: PD	NAME: DEVITA, PHILIP A. STREET ADDRESS: 2300 CORAL HILLS RD CITY, ST, ZIP: APOPKA FL	TITLE:	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST	NAME: DEVITA, JILL M. STREET ADDRESS: 2300 CORAL HILLS RD. CITY, ST, ZIP: APOPKA FL 32703	TITLE:	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	NAME: DEVITA, PHILIP J. STREET ADDRESS: 600 ROYAL LANE CITY, ST, ZIP: IRVING, TX 75039	TITLE:	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	TITLE:	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 199.02(1)(b), 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 attachments.

SIGNATURE: *Philip M. DeVita*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 5/9/95 407-909-2424