

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 320371 (8)

1. Corporation Name  
**VO-LASALLE FARMS INCORPORATED**



Principal Place of Business: 601 JOHNSON LK RD, DELEON SPRGS FL 32130  
Mailing Address: 601 JOHNSON LK RD, DELEON SPRGS FL 32130

3. Date Incorporated or Qualified: 08/25/1967  
3a. Date of Last Report: 03/03/1995  
4. FEI Number: 59-1214274  
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  
2a. Mailing Address: 26  
22. Subm. Apt. #, etc.: 27  
23. City & State: 28  
24. Zip: 25 Country: 29

9. Name and Address of Current Registered Agent: CRUMP, SYLVIA S, 601 JOHNSON LK RD, DELEON SPRGS FL 32130  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0532 and 607.1506, 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: V	CRUMP, STEVE S. 601 JOHNSON LK RD. DELEON SPGS. FL	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	CRUMP, SYLVIA S 601 JOHNSON LK RD DELEON SPRGS, FL 00000	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD	CRUMP, A BRUCE 601 JOHNSON LK RD DELEON SPRGS, FL 00000	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S	CRUMP, ROGER M. 601 JOHNSON LK RD. DELEON SPGS. FL	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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 amendment with an address.

SIGNATURE: *Sylvia S. Crump* 1/30/96 904/985-5200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/PHONE #

CR2E034 (12/95)