

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 # 436897 (3)

1. Corporation Name

FERRIS FARMS, INC.

Principal Place of Business

Mailing Address

~~U S HWY 41~~
~~P O BOX 909~~
FLORAL CITY FL 34436
US

~~U S HWY 41~~
P O BOX 909
FLORAL CITY FL 34436
US



3. Date Incorporated or Qualified

09/25/1973

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 7607 S. FLORIDA AVE PO 909

4. FEI Number

59-1488932

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Floral city

27

City & State

City & State

23 Zip 34436 Country CITRUS

28 Floral city

24 Zip 34436 Country CITRUS

5. Certificate of Status Desired

X

\$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

X

Yes

□ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWELL, J. N JR
~~US HIGHWAY 41-8~~
FLORAL CITY FL 34436

81 Name

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

7607 S. FLORIDA AVE

83

84 City

FLORAL CITY

FL

85 Zip Code

34436

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
FENTON, JAMES P
U S HWY 41
FLORAL CITY FL

□ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
□ Change □ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
POWELL, J. N JR
U S HWY 41
FLORAL CITY FL

□ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
□ Change □ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HERNDON, ALFRED T
US HWY 41
FLORAL CITY FL

□ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
□ Change □ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
□ Change □ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
□ Change □ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
□ Change □ 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 attachment with an address.

SIGNATURE:

Alfred T. Herndon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alfred T. Herndon 4/10/96 352-687-3870

CR2E034 (12/95)