

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90297 039 ***150.00

DOCUMENT # 536046

1. Entity Name
MCCROAN FARMS, INC.

Principal Place of Business

HANNA TOWER RD
 RT 2 BOX 134
 ALTHA FL 32421

Mailing Address

HANNA TOWER RD
 RT 2 BOX 134
 ALTHA FL 32421

2. Principal Place of Business

22464 NE CR 286
 Suite, Apt. #, etc.

3. Mailing Address

16481 HANNA Tower Rd
 Suite, Apt. #, etc.

City & State
Grandridge AL

FL

City & State
Altha FL

FL

4. FEI Number **59-1804154**

Applied For
 Not Applicable

Zip
32442

Country
USA

Zip
32421

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCROAN, GEORGIA B.
ROUTE 2 BOX 429
GRAND RIDGE FL 32442

Name
SAME
 Street Address (P.O. Box Number is Not Acceptable)
22464 NE CR 286

City **Grand Ridge** FL Zip Code **32442**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCROAN, GEORGIA ROUTE 2, BOX 486 GRAND RIDGE, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCROAN, KENNETH ROUTE 1 BOX 46B ELMORE, AL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCROAN, LEONARD JR ROUTE 2 BOX 40-A ALTHA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AYERS, PATRICIA A RT 2 BOX 134 HANNA TWR R ALTHA, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia A. Ayers, Sec Date: 4-17-01 Daytime Phone #: 850-762-3628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)