

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:23

**DOCUMENT # 559521 (O)**

1. Corporation Name  
**FOXX FARMS, INC.**

Principal Place of Business Mailing Address  
**16112 NW COUNTY RD 231 GAINESVILLE FL 32609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/10/1978** 3a. Date of Last Report **02/08/1994**

2. Principal Place of Business 2b. Mailing Address  
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 30 Country

4. FEI Number **59-1882550** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financial Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under § 198.103 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**HART, JAMES W.  
16714 NE 10 ST  
GAINESVILLE FL 32609**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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 \_\_\_\_\_  
Corporate Officer, Director, Agent, or Registered Agent and his/her authorized representative

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>FOX, F LEON</b>
STREET ADDRESS	<b>6817 N W 65TH AVENUE</b>
CITY, ST, ZIP	<b>GAINESVILLE, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>MERCER, LEON</b>
STREET ADDRESS	<b>RT 3 BOX 28 P</b>
CITY, ST, ZIP	<b>HAWTHORNE FL</b>
TITLE	<b>SD</b>
NAME	<b>LONG, ELMER O</b>
STREET ADDRESS	<b>16112 NW COUNTY RD 231</b>
CITY, ST, ZIP	<b>GAINESVILLE, FL 00000</b>
TITLE	<b>PD</b>
NAME	<b>HART, JAMES W</b>
STREET ADDRESS	<b>16714 NE 10 ST.</b>
CITY, ST, ZIP	<b>GAINESVILLE, FL 00000</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is substantially true and does not qualify for the exemption stated in Section 193.02(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 an addition.

SIGNATURE: *Elmer O Long* **ELMER O LONG** 2/19/95 904 485-1326  
INDICATE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR