

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **581676** (4)  
1. Corporation Name  
**JAMES SANDERS FARMS, INC.**



Principal Place of Business Mailing Address  
**29975 SW 208TH AVE  
PO BOX 1392  
HOMESTEAD FL 33090**

3. Date Incorporated or Qualified **08/08/1978** 3a. Date of Last Report **02/22/1995**  
4. FEI Number **59-1891939** Applied For Not Applicable  
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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANDERS, JAMES  
29975 S.W. 208 AVE  
HOMESTEAD FL 33032**

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 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0906, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Signature of Registered Agent)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS  
1. TITLE  DELETE  
NAME **PD SANDERS, JAMES**  
STREET ADDRESS **29975 SW 208 AVE**  
CITY, ST, ZIP **HOMESTEAD FL**  
2. TITLE  DELETE  
NAME **SANDERS, JAMES JR.**  
STREET ADDRESS **29975 SW 208 AVE**  
CITY, ST, ZIP **HOMESTEAD FL**  
3. TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
4. TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
5. TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE  Change  Addition  
2. NAME **President James U. Sanders Jr**  
3. STREET ADDRESS **29975 SW 208 Ave**  
4. CITY, ST, ZIP **Homestead FL 33030**  
5. TITLE  Change  Addition  
6. NAME **Sec. Treas Jeffrey D. Sanders**  
7. STREET ADDRESS **29975 SW 208 Ave**  
8. CITY, ST, ZIP **Homestead FL 33030**  
9. TITLE  Change  Addition  
10. NAME  
11. STREET ADDRESS  
12. CITY, ST, ZIP  
13. TITLE  Change  Addition  
14. NAME  
15. STREET ADDRESS  
16. CITY, ST, ZIP

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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *James Sanders Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96 305-247-0791  
Date Date of Filing

CR2E034 (12/95)