FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

2-20-95 B-1350-C

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 PM 3:36

DOCUMENT # 644348 (5)

1. Corporation Name
GERONIMO FARMS, INC.

Principal Place of Business	Mailing Address
STARKEY ROAD P O BOX 413-A DELRAY BEACH FL 33446	STARKEY ROAD P O BOX 413-A DELRAY BEACH FL 33446

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/07/1979
3a. Date of Last Report: 03/10/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: NOT APPLICABLE ☐ 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

9. Name and Address of Current Registered Agent

O'BRYANT, PATRICK L.
3050 SALERNO WAY
DELRAY BEACH 33445

10. Name and Address of New Registered Agent

81 Name: O'BRYANT, ELVA H.
82 Street Address (P.O. Box Number is Not Acceptable): 3050 SALERNO WAY
83
84 City: DELRAY BEACH FL 85 Zip Code: 33445

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: Elva H. O'Bryant PSM — Elva H. O'Bryant — DATE: 2/15/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSM	1.1 TITLE	☐ Change ☐ Addition
NAME	O'BRYANT, ELVA H	1.2 NAME	
STREET ADDRESS	3010 SALERNO WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☒ Change ☐ Addition
NAME	O'BRYANT, MICHAEL B	2.2 NAME	V O'BRYANT, MICHAEL B.
STREET ADDRESS	831 SPRINGS CIRCLE #106	2.3 STREET ADDRESS	3100-A SPANISH WELLS DR
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP	DELRAY BEACH FL
TITLE	DV	3.1 TITLE	☒ Change ☐ Addition
NAME	O'BRYANT, PATRICK L.	3.2 NAME	V O'BRYANT, PATRICK L
STREET ADDRESS	3050 SALERNO WAY	3.3 STREET ADDRESS	3050 SALERNO WAY
CITY-ST-ZIP	DELRAY BEACH, F L.	3.4 CITY-ST-ZIP	DELRAY BEACH, FL.
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(i), 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: Elva H. O'Bryant
ELVA H. O'BRYANT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/15/95 Daytime Phone Number: 407-498-5177

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