

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

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # F94000006362 (7)  
1. Corporation Name  
**ELMENDORF FARM, INC.**

Principal Place of Business Mailing Address  
3931 PARIS PIKE LEXINGTON KY 40511  
3931 PARIS PIKE LEXINGTON KY 40511

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB -1 AM 11:22

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 Kent Farms	13-6160203	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27 P O Box 2110	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28 Middleburg VA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country		
24	25	29 22117	30 Fauquier

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324		B1 Name		
		B2 Street Address (P.O. Box Number is Not Acceptable)		
		B3		
		B4 City	FL	B5 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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOKE, JACK K	1.2 NAME	
STREET ADDRESS	KENT FARMS	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG VA 22117	1.4 CITY-ST-ZIP	
TITLE	VCV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOKE, JOHN K SR	2.2 NAME	
STREET ADDRESS	KENT FARMS	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG VA 22117	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISER, WANDA G	3.2 NAME	
STREET ADDRESS	KENT FARMS	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG VA 22117	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACHER, JAMES	4.2 NAME	Delete
STREET ADDRESS	KENT FARMS	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG VA 22117	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Ralph Kent Cooke Sr
STREET ADDRESS		5.3 STREET ADDRESS	3931 Paris Pike
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Lexington KY 40511
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: Wanda G Wisor 1/27/95 (703) 687-4000  
SIGNATURE AND TITLE OR PRINTED NAME OF OFFICER OR DIRECTOR Date Filing Fee #