

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # H92545 (3)**

1. Corporation Name  
**UNCLE DONALD'S FARM, INC.**



Principal Place of Business: **GRIFFIN AVENUE, P O BOX 87, LADY LAKE FL 32158**  
Mailing Address: **GRIFFIN AVENUE, P O BOX 87, LADY LAKE FL 32158**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **01/01/1986**  
3a. Date of Last Report: **04/13/1995**  
4. FEI Number: **59-2617863**  
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**

**MORRIS, JEANETTE E.  
GRIFFIN AVE. (CONANT)  
LADY LAKE FL 32158**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 City  
84 City  
85 Zip Code: **FL**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent registration period starts on this date.)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MORRIS, DONALD B.	
STREET ADDRESS	POB 87, GRIFFIN AVENUE	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MORRIS, WANDA L.	
STREET ADDRESS	POB 87, GRIFFIN AVENUE	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MORRIS, JEANETTE	
STREET ADDRESS	POB 87, GRIFFIN AVENUE	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MORRIS, ELIZABETH I.	
STREET ADDRESS	POB 87, GRIFFIN AVENUE	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MORRIS, DONNA L.	
STREET ADDRESS	POB 87, GRIFFIN AVENUE	
CITY-ST-ZIP	LADY LAKE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Jeanette E. Morris* **Jeanette E. Morris** 3-25-95 (352)753-2882

CR2E034 (12/95)