

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

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) (Date: _____) (Title: _____)

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)