

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

DATE: 4/30/95 TIME: 3:10

OFFICE: JESSAMINE ROAD
DADE CITY, FLORIDA

DOCUMENT # L29891

(3)

To: Corporation Name

FARMERS FEED, INC.

Principal Place of Business

14648 7TH ST.
DADE CITY FL 33525
US

Home Address

14648 7TH ST
DADE CITY FL 33525
US

Effective Date of Filing: 05/26/1994

3. Date of Incorporation or Qualification: 11/15/1989

3a. Date of Last Report: 05/26/1994

4. F.E. Number: 59-3027393

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

6. This corporation has no liability for any unpaid taxes or other obligations.

Florida Statutes: ()

9. Name and Address of Current Registered Agent

MATTOX, DON
708 NO 7 STR
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81. Name:

82. Street Address (P.O. Box Number is Not Acceptable):

14648 7th STREET

83.

84. City:

FL

85. Zip Code:

11. The undersigned hereby certifies that the foregoing information is true and correct, and that the undersigned is a duly authorized officer or director of the corporation, and that the undersigned is a resident of the State of Florida.

SIGNATURE:

12. Name and Address of Registered Agent

DS
MATTOX, DON
60011 LAKETREE LN
TEMPLE TERRACE FL
PD

MATTOX, PAMELA
60011 LAKETREE LN
TEMPLE TERRACE FL

13. Address of Change to Office (If any) and Date of Change

15231 JESSAMINE ROAD
DADE CITY, FL 33525

15231 JESSAMINE ROAD
DADE CITY, FL 33525

14. I hereby certify that the foregoing information is true and correct, and that the undersigned is a duly authorized officer or director of the corporation, and that the undersigned is a resident of the State of Florida.

SIGNATURE:

Pamela L. Mattox
Pamela L. Mattox

4/30/95

904-567-3568

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CORPORATION
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FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
Office of the Secretary of State

DOCUMENT # L30675

(7)

For Corporate Filings

SUE'S TREASURES, INC.

Principal Office of Corporation
3242 DAVID BLVD.
FT. LAUDERDALE F 33312
US

Principal Office of Corporation
3242 DAVID BLVD.
FT. LAUDERDALE FL 3312-766
US

APR 26 1995

APR 26 1995

FLORIDA DEPARTMENT OF STATE

DO NOT WRITE IN THIS SPACE

2. Principal Office of Corporation		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		25		11/20/1989		05/01/1994	
22		26		4. FIC Number		Appoint Fee	
23		27		16-0321361		Not Applicable	
24		28		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
25		29		6. Election Campaign Financing		☐ Trust Fund Contribution ☐ No	
26		30		7. Florida Statutes		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLEY, SUE
3242 DAVIE BLVD.
TWIN OAK CENTER
FORT LAUDERDALE FL 33312

81	Name
82	Street Address (P.O. Box Not Permitted, Not Acceptable)
83	
84	City
85	FL

11. Pursuant to the provisions of Sections 605.01, 605.02, and 605.03, Florida Statutes, I, as a duly authorized officer of the corporation, do hereby certify that the foregoing information is true and correct, and that the appointment of the registered agent is in accordance with the provisions of the Florida Statutes. I, the undersigned, do hereby certify that the information is true and correct, and that the appointment of the registered agent is in accordance with the provisions of the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL NAMES TO OFFICERS AND DIRECTORS	
NAME	DPT COLLEY, SUE	NAME	
STREET ADDRESS	3242 DAVID BLVD.	STREET ADDRESS	
CITY	FORT LAUDERDALE FL	CITY	
NAME	COLLEY, CHARLES T.	NAME	
STREET ADDRESS	3242 DAVID BLVD.	STREET ADDRESS	
CITY	FT. LAUDERDALE FL	CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	

14. I, the undersigned, do hereby certify that the information supplied with this filing is completely true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes. I, the undersigned, do hereby certify that the information is true and correct, and that the appointment of the registered agent is in accordance with the provisions of the Florida Statutes. I, the undersigned, do hereby certify that the information is true and correct, and that the appointment of the registered agent is in accordance with the provisions of the Florida Statutes.

SIGNATURE: *Sue Colley* SUE COLLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

4/29/95 (305) 553-4752