

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

**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 APR 13 PM 2:00

DOCUMENT # P94000055411 (0)

1. Corporation Name

HOWELL FOY FARMS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 4505 FT. HAMER ROAD PARRISH FL 34219	Mailing Address 4505 FT. HAMER ROAD PARRISH FL 34219
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3. Date Incorporated or Qualified 08/01/1994	3a. Date of Last Report
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 65-0524889	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FOY, DELORIS A
4505 FT. HAMER ROAD
PARRISH FL 34219**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 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 _____ DATE _____
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 D	FOY, DELORIS A 4505 FT. HAMER ROAD PARRISH FL 34219	1 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	FOY, KENNETH H 4505 FT. HAMER ROAD PARRISH FL 34219	2 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	FOY, RICHARD A 4505 FT. HAMER ROAD PARRISH FL 34219	3 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		4 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		5 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		6 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 the 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: Deloris A. Foy **DELORIS A. FOY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/8/95 **813-770-2201**
Date (Typed Name)