SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

FILED
Aug 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P95000009444 (7)

1. Corporation Name
AVERILL FARMS INC

Principal Place of Business
6954 S.W. WISTERIA TERRACE
PALM CITY FL 34990

Mailing Address
6954 S.W. WISTERIA TERRACE
PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1995
3a. Date of Last Report: 12/16/1996
4. FEI Number: 65-0564168 ☐ 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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
DENTON, SYLVIA
6954 S.W. WISTERIA TERRACE
PALM CITY FL 34990

10. Name and Address of New Registered Agent
81 Name: Denton Sylvia
82 Street Address (P.O. Box Number is Not Acceptable): 6954 SW. Wisteria Terrace
83
84 City: Palm City FL 85 Zip Code: 34990

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: Sylvia Denton (Signature, typed or printed name of registered agent and title if applicable.) DATE: 7/29/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	DENTON, STUART	6954 S.W. WISTERIA TERRACE	PALM CITY FL 34990	☐
DV	DENTON, SYLVIA K	6954 S.W. WISTERIA TERRACE	PALM CITY FL 34990	☐
ST	DENTON, DAVID	6954 S.W. WISTERIA TERRACE	PALM CITY FL 34990	☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1	1.1	1.2	1.3	1.4	☐	☐
2	2.1	2.2	2.3	2.4	☐	☐
3	3.1	3.2	3.3	3.4	☐	☐
4	4.1	4.2	4.3	4.4	☐	☐
5	5.1	5.2	5.3	5.4	☐	☐
6	6.1	6.2	6.3	6.4	☐	☐

CR2E034 (4/97)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 7/29/97