

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanna B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000092332 (2)**

1. Corporation Name
TRIAD FARMS, INC.



Principal Place of Business
**921 VIRGINIA DRIVE
WINTER PARK FL 32789**

Mailing Address
**921 VIRGINIA DRIVE
WINTER PARK FL 32789**

3. Date Incorporated or Qualified: **12/01/1995** 3a. Date of Last Report: **12/01/1995**

4. FFL Number: **59-3354785** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 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. Sute, Apt. #, etc.

22. City & State

23. Zip Country

24. 25. 29. **32802-2254** 30. **USA**

2a. Mailing Address

26. **c/o William N. Barnes
P.O. Box 2254
Sute, Apt. #, etc.**

27. City & State
Orlando, FL

28. Zip Country

9. Name and Address of Current Registered Agent

**BARNES, GLEN A
921 VIRGINIA DRIVE
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81. Name: **William N. Barnes**

82. Street Address (P.O. Box Number is Not Acceptable): **255 S. Orange Avenue**

83. Suite: **Suite 800**

84. City: **Orlando** FL 85. Zip Code: **32801**

11. Pursuant to the provisions of Sections 607.0602 and 607.1509, 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. Said 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: **William N. Barnes** *William N. Barnes* **3/26/96**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	D BARNES, GLEN A
STREET ADDRESS	921 VIRGINIA DRIVE
CITY-STATE-ZIP	WINTER PARK FL 32789
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	D W. Kelly Smith
13 STREET ADDRESS	P.O. Box 2254
14 CITY-STATE-ZIP	Orlando, FL 32802-2254
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	D Ted B. Edwards
23 STREET ADDRESS	P.O. Box 2254
24 CITY-STATE-ZIP	Orlando, FL 32802-2254
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	D William N. Barnes
33 STREET ADDRESS	P.O. Box 2254
34 CITY-STATE-ZIP	Orlando, FL 32802-2254
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is veraciously furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 registered professional 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 the attached change of address.

SIGNATURE: *Glen A. Barnes* **2-9-96** **407-647-1572**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)