

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE**
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # F32843****(7)**

1. Corporation Name

CRABTREE FARMS, INC.**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 MAR 31 AM 11:24**

Principal Place of Business

**746 CLIFFORD DR
ORLANDO FL 32804**

Mailing Address

**746 CLIFFORD DR
ORLANDO FL 32804**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/30/1981

3a. Date of Last Report

03/15/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2360955

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POUNDS, ROGER
746 CLIFFORD DR
ORLANDO FL 32804**

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	STD
NAME	WHITE, H. WILLIAM
STREET ADDRESS	2801 PENINSULA AVE, UNIT #504
CITY - ST - ZIP	NEW SMYRNA BEACH FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE	D
NAME	COALTER, JACK
STREET ADDRESS	641 DUNRAVEN DR
CITY - ST - ZIP	WINTER PARK FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE	PD
NAME	POUNDS, ROGER
STREET ADDRESS	746 CLIFFORD DR
CITY - ST - ZIP	ORLANDO, FL 00000

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE	D
NAME	JOLLY, BOB
STREET ADDRESS	7308 WEITZEL DRIVE
CITY - ST - ZIP	SUMMERFIELD NC

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE	D
NAME	BRANNON, BILL
STREET ADDRESS	PO BOX 3066 NA
CITY - ST - ZIP	APOPKA FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

6.1 TITLE ☐ Change ☐ 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 110.07(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 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 as an attachment with an address.

SIGNATURE:**H. W. White H. WILLIAM WHITE 3/28/95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature Number)