

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1/ AM 3:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J28498

(0)

1. Corporation Name

BIG CORNER FARMS, INC.

Principal Place of Business

**3300 N. 29TH AVENUE #102
P.O. BOX 526
HOLLYWOOD FL 33022**

Mailing Address

**3300 N. 29TH AVENUE #102
P.O. BOX 526
HOLLYWOOD FL 33022**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/13/1986	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2711909	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 has liability for intangible tax under S. 197(4)(b), Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State: April 6, 1995	26. State: April 6, 1995
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**DAVID, BENNETT L.
3300 N. 29TH AVENUE #102
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81. Name	85. Zip
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	

11. Pursuant to the provisions of Sections 197.01(1) and 197.02(1), Florida Statutes, the above named corporation submits the 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 further authorized to accept the obligations of Sections 197.01(1) and 197.02(1), Florida Statutes.

SIGNATURE _____

12. OFFICERS, DIRECTORS, AND OTHER OFFICERS	13. ADDITIONAL CHANGES TO OFFICERS AND OTHER OFFICERS																																												
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14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 197.02(1), Florida Statutes. I further certify that the information is obtained from the records of the corporation or from a person who has access to the records of the corporation and that my signature shall have the same legal effect as if made under oath. This form is to be used for the corporation or the officer or director who has been authorized to make this report as required by Chapter 197, Florida Statutes, and that my signature appears in Block 12 or Block 13 of this report or on an attachment thereto with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 330 425 7100