

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 17 PM 11:27

DOCUMENT # V07456 (9)

1. Corporation Name

BO-LO FARMS, INC.

Principal Place of Business

**1400 NW 150TH AVENUE
OCALA FL 32675**

Mailing Address

**8190 SW 166 STR
MIAMI FL 33157
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/17/1992

3a. Date of Last Report

04/04/1994

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26 **1000 NW 150 AVE**
Suite, Apt. #, etc.

4. FBI Number

59-3102456

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 C. 100.022,
Florida Statutes ☐ Yes ☒ No

City & State

23

City & State

28 **Ocala, FL**

Zip

Country

24

25

29

34482

Country

30

USA

9. Name and Address of Current Registered Agent

**BUDZINSKI, ROBERT W
8190 SW 166 STR
MIAMI FL 33157**

10. Name and Address of New Registered Agent

81 Name **Budzinski, Robert W.**

82 Street Address (P.O. Box Number is Not Acceptable)
1000 NW 150 AVENUE

83

84 City **Ocala**

FL

85 Zip Code **34482**

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 **x Robert W. Budzinski**

4-13-95

DATE

12. OFFICERS AND DIRECTORS

D
TITLE
NAME **BUDZINSKI, ROBERT W.**
STREET ADDRESS **1400 NW 150TH AVE.**
CITY - ST - ZIP **OCALA FL**

D
TITLE
NAME **BUDZINSKI, MARY LOUISE**
STREET ADDRESS **1400 NW 150TH AVE.**
CITY - ST - ZIP **OCALA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1.1 TITLE **D**
1.2 NAME **BUDZINSKI, Robert W.**
1.3 STREET ADDRESS **1000 NW 150 AVE**
1.4 CITY - ST - ZIP **Ocala, FL 34482**

2 2.1 TITLE **D**
2.2 NAME **Budzinski, Mary Louise**
2.3 STREET ADDRESS **1000 NW 150 AVE**
2.4 CITY - ST - ZIP **Ocala, FL 34482**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
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)(k), 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: **x Robert W. Budzinski**

4-13-95

904-873-2152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display Phone #