

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000098546

**FILED**  
**Apr 20, 2016**  
**Secretary of State**  
**CC9197346246**

**Entity Name:** MATHIS FARM MANAGEMENT, INC.

**Current Principal Place of Business:**

5145 ST ROAD 206 WEST  
ELKTON, FL 32033

**Current Mailing Address:**

P.O. BOX 157  
ELKTON, FL 32033

**FEI Number: 54-2072004**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HALL & EDWARDS, PA  
3791 A1A S  
SUITE B  
ST. AUGUSTINE, FL 32080 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PTD  
Name           MATHIS, JOHN M  
Address        5145 ST ROAD 206 WEST  
City-State-Zip: ELKTON FL 32033

Title           VSD  
Name           MATHIS, PATRICIA D  
Address        5145 ST ROAD 206 WEST  
City-State-Zip: ELKTON FL 32033

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PATRICIA D MATHIS**

**VICE PRESIDENT**

**04/20/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date