

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000061886

**Entity Name:** SANDERS FARMS OF OCALA, INC.

**Current Principal Place of Business:**

5950 SW 6 PL  
OCALA, FL 34474

**Current Mailing Address:**

5950 SW 6 PL  
OCALA, FL 34474 US

**FEI Number:** 59-3516627

**Certificate of Status Desired:** No

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

SANDERS, TOM  
5765 N.W. 110 STREET  
OCALA, FL 34482 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	S	Title	VP
Name	SANDERS, JENNIFER	Name	SANDERS, KERK
Address	5765 NW 110 ST	Address	5765 NW 110 ST
City-State-Zip:	OCALA FL 34482	City-State-Zip:	OCALA FL 34482

Title	P
Name	SANDERS, TOM
Address	5765 NW 110TH ST
City-State-Zip:	OCALA FL 34482

*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:** TOM SANDERS

**PRES**

**01/31/2024**

Electronic Signature of Signing Officer/Director Detail

Date