

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S86140

**Entity Name:** THOMAS FARMS OF LACROSSE, INC.

**Current Principal Place of Business:**

2928 W ST. RD. 235  
BROOKER, FL 32622

**FILED**  
**Apr 30, 2017**  
**Secretary of State**  
**CC9594927962**

**Current Mailing Address:**

2928 WEST STATE ROAD 235  
BROOKER, FL 32622 US

**FEI Number: 59-3090149**

**Certificate of Status Desired: No**

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

THOMAS, ROLAND J  
3026 STATE ROAD 235  
BROOKER, FL 32622 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            P  
Name            THOMAS, R J  
Address        3026 ST RD 235  
City-State-Zip: BROOKER FL 32622

Title            S  
Name            THOMAS, R G  
Address        3026 ST RD 236  
City-State-Zip: BROOKER FL 32622

*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: ROLAND J THOMAS**

**PRESIDENT**

**04/30/2017**

Electronic Signature of Signing Officer/Director Detail

Date