FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -6 AM 7:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 197416

1. Corporation Name
PENNWOOD FARM INC.

Principal Place of Business	Mailing Address
6001 S. W. 48th AVE.	P. O. BOX 362
PALM CITY, FL. 34990	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1954	3a. Date of Last Report: 1994		
2. Principal Place of Business 21: 6001 S.W. 48th AVE.	2a. Mailing Address 26: P.O. BOX 362	4. FEI Number: 59-0711131	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23: PALM CITY, FL 34990	City & State 28: PALM CITY, FL. 34990	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24: 34990 / Country 25: MARTIN	Zip 29: 34990 / Country 30: MARTIN	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JUDSON MINEAR XXXXXXXXXXXXX 6001 S.W. 48th AVE. PALM CITY, FL. 34990	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	JUDSON MINEAR PALM CITY, FL. 34990	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☒ Addition 6001 S.W. 48th Ave.
TITLE VP NAME STREET ADDRESS CITY ST ZIP	CHARLENE MINEAR XXXXXXXXXXXXX PALM CITY, FL. 34990	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☒ Addition 6001 S.W. 48th Ave.
TITLE T NAME STREET ADDRESS CITY ST ZIP	LLOYD O. MINEAR 11 LAIRD LANE JUPITER, FL. 33458	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY ST ZIP	LAIRD MINEAR 1509 WHITEHALL ST. HIGH POINT, NC 27262	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition T.S. 4/6/95
TITLE NAME STREET ADDRESS CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition 700001451247 -04/07/95--01111--006 ****200.00 ****200.00
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

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 119.07(3)(i), 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: JUDSON MINEAR Judson Minear 3-16-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

407-287-0703
Daytime Phone #