FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

1997

DOCUMENT # 232067

2067 (9)

ROVAN FARMS, INC.

FILED Apr 16 1997 8:00am Secretary of State



| Principal Place of Business Mailing Address 4025 TAMPA ROAD 4025 TAMPA ROAD | | | | | | | | | | |
|---|---|--|----------------------------|---|------------------------|--|--|---------------------------|---|--|
| | | | | | | | | | | |
| SUITE 1109 SUITE 1109 | | | | | | | | | | |
| OLDSMAR FL | . 34677 | OLDSMAR FL 34677-3213 | 3 | | | | | | | |
| US | | US | | | | 3. Date Incorporated or Qualified | 1 | te of Last R | Report | |
| 0 5 | Citation | 1.00 11.00 1.00 | | | | 01/12/1960 | 03/2 | 5/1996 | | |
| | Place of Business | 28. Mailing Address | - | | | 4. FEI Number | | | oplied For | |
| Suite Ap | t # atc | Suite, Apt. #, etc. | | | 59-0881371 | ···· | | ot Applicable Additional | | |
| · | n. n, ea. | ├ 1 | 27 | | | 5. Certificate of Status Desired | | | equired | |
| City & Sta | ale | | City & State | | | & Flection Campaign Financing | 6. Election Campaign Financing \$5.00 May Be | | | |
| 23 | | | 28 | | | Trust Fund Contribution | | | to Fees | |
| Ζip | Country | | | | | 8. This corporation has liability for | intangible | tax under s | . 199.032, | |
| 24 | 25 29 30 | | | Florida Statutes Yes No | | | | | | |
| | 9. Name and Address of Curre | ent Registered Agent | | ļ.,, | | 10. Name and Address of New Ro | gistered / | ıgent | | |
| VA | in worp, robert jr. | | | 61 | Name | | | | | |
| 5010 N. COOLIDGE AVE. | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| TA | MPA FL 33614 | | | | | | | | | |
| | | | | 83 | | • | | | | |
| | | | | 84 | City | | | 85 Zip | Code | |
| | | | | | | | FL | | | |
| 11. Persuan office or | nt to the provisions of Sections 607.05 r registored agent, or both, in the Stat | 302 and 607.1508, Florida Stat te of Florida. Such change was | utes, the a s authorize | ibove id by | e-named c the corpo | orporation submits this statement for the ration's board of directors. I hereby acce | purpose of ot the appo | changing i sintment as | ts registered registered | |
| agent I | am familiar with, and accept the obli | gations of, Section 607.0505, | Florida Sta | lutes | S. | , | | | | |
| SIGNATURE | | | | | | | | | **** | |
| 12. | Signature, typical or printed name of registered a | ND DIRECTORS | 13. | XI AGE | nt signature re | quired when reinstating) ADDITIONS/CHANGES TO OFFI | DATE CERS AND | DIRECTO | 3S IN 12 | |
| 711LE | P | DELETE | 1.1 T | ITLE | | | | Change | Addition | |
| NAMÉ | VANWORP JR., ROBERT | | | IAME | 1 | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| CITY - ST - ZIP | TAMPA FL | | - 1 | ITY - S | - 1 | | | | | |
| 1-TLE | | DELETE | 2.1 T | ITLE | | | *************************************** | Change | Addition | |
| NAME | | | 2.2 N | IAME | | | | | | |
| STREET ADDRESS | s | | 2.3 \$ | TREET | ADDRESS | | | | | |
| CITY -\$1 - Zi ^{ch} | | | 2 41 | CITY-5 | ST-ZIP | | _ | | | |
| TITLE | | DELETE | 31 T | ITLE | | | • : | Change | Addition | |
| NAME | | | 3.2 N | IAME | | | | | | |
| STREET ADDRESS | s | | 9.3 S | TREET | ADDRESS | | | | | |
| CITY - ST - 74P | | | | CITY-S | T-ZIP | | *************************************** | | | |
| TITLE | | ☐ DELETE | 4.1 T | | | | | Change | Addition | |
| NAMÉ | | | | NAME | | | | | | |
| STREET ADDRESS | S | | - 1 | | ADDRESS | | | | | |
| C-TY-ST-ZIP | | Dei Fye | | ITY-S | T-ZIP | | | Chana | A autota- | |
| TITLE | 1 | DELETE | 5.1 T | | | | | Change | Addition | |
| NAMÉ | | | | IAME | | | | | | |
| STREET ADDRESS | 5 | | | | ADDRESS | | | | | |
| CHY-ST-ZIP | | DELETE | **** | HY-S | I - ZiP | | | Change | ☐ Addition | |
| THILE | 1 | □ vcccic | 6.1 T | | 1 | | | Unange LLL | My Vagicianii | |
| NAME | | | | IAME | 1000000 | £ . | | | | |
| STREET ADDRESS | 8 | | | | ADDRESS | | | | | |
| CHY-ST-ZF | | | 6.4 0 | ITY · S | 1- ZIP | | ~ | | *************************************** | |

I do hereby certify that the information supplied with this filing 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 chapger, or on an attachment with an address.

SIGNATURE:

MANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-97

Dayt-me Phone #