							
FIL	E NOW: FILING FI	EE AFTE	ER MAY 1	IS \$225	.00		
DDOCIT (IES)				EPARTMENT OF STATE			
CORPORATION				Sandra B. Mortham			
				Secretary of State VISION OF CORPORATIONS			
			DIVISION OF				
DOCU 1. Corporation	MENT # 266	112	(2)				
LUST	FARMS, INCORPORATE	:D					
							HÁ HIÐU ÐAÐU ÐAÐU ÁRÐU ÁRÐU AÐUN ÞAÐU ÞÆÐU LEÐU
Principal Place of Business Mailing Address					···		
2771 LUST ROAD 2771			2771 LUST ROAD				
APOPKA FI	L 32703	,	APOPKA FL 32703				
				_		3. Date Incorporated or Qualified 02/15/1963	3a. Date of Last Report 03/02/1995
2. Principal Pl	ace of Business	2a. 1	Mailing Address			4. FEI Number 59-0999682	Applied For
Suite, Apt.	#, etc.		Suite, Apt #, etc.				Not Applicable \$8.75 Additional
City & State	0	27		· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	Fee Required
23	9	28	Dity & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zιρ	Country		žip.	Country		8. This corporation has liability for in	ntangible tax under s 199.032,
24	25 9. Name and Address of Cu	29 rrent Registe	red Agent	30		Florida Statutes Yes 10. Name and Address of New Re	
		·		81	Name	To, Hame and Addiess of legs fit	agratered Agent
	ROBERT C.			82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)
	ust RD (a Fl 32703			83			
NUIN	N 1 E 32100						
				84	City		FL 85 Zip Code
 Pursuant t or register 	io the provisions of Sections 607.0 ed agent, or both, in the State of F	502 and 607.1 Iorida Such c	1508, Florida Statute hange was authoriz	es, the above in ed by the corpo	amed corpor oration's boar	al-on submits this statement for the purp d of directors. Thereby accept the appo	ose of changing its registered office
familiar wit	th, and accept the obligations of, S	lection 607.05	05, Florida Statutes	Pale	1 C	1. st Doss	more to registered agent. I am
	Signature, typed or printed name of rejetimes a			E. Progretered Agent	signature requirer	twhen ministring	DATE
12.	OFFICERS VD	AND DIRECTO	DRS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	
NAME	LUST, CALVIN H		1.2 NAME			Change Addition	
STREET ADDRESS	2771 LUST RD.		1.3 STREET	ADDRESS			
CITY-ST-7IP	APOPKA, FL 00000			1 4 CITY - ST	1		
TITLE	P , DELETE		2 1 THELE			☐ Change ☐ Addition	
NAME CTOSET ADDOSEGO	Lust, robert c. 2771 lust rd.			2.2 NAME			
STREET ADDRESS City-St-Zip	APOPKA, FL 00000			2.3 STREET A			
THE	STD		DELETE	2.4 CITY - ST 3.1 TiTLE	- Z-P		☐ Change ☐ Addition
NAME	LUST, SUE E			3.2 NAMê			Criangs Addition
STREET ADDRESS	2771 LUST RD			3.3 STREET.	ADDRESS		
C/TY-ST-ZIP	APOPKA, FL 00000		77 5-3	34 CITY - SI	- 21P	wa	
TITLE	VPC DELETE LUST, GRANT R. J		4 1 TiTLE			Change Addition	
NAME STREET ADORESS	2771 LUST RD			4.2 NAME			
CITY - ST - ZIP	APOPKA FL			43 STREET A	1		
TITLE	VP		DELETE	4 4 C/TY - ST 5 1 TiTLE	- THL		Change Addition
NAME	LUST, SANDRA G.			5 2 NAME			
STREET ADDRESS	2771 LUST RD			5.3 STREET A	DORESS		
CITY-ST-ZIP	APOPKA FL		F) 50. 51.	5.4 CITY - ST	ZIP		
TITLE NAME			DELETE	6 1 THILE			Change Addition
				6.2 NAME	1		

6.4 Cilly - \$1 - ZIP 64.0th -\$1-2IP

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)(k). 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 this 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 changes, or or an attaching it with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEDIA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

To the content of the exemption stated in Section 119.07(3)(k), 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 changes in Block 13 if changes in Block 12 or Block 13 if changes in Block 13 if changes

6.3 STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

4-19-96 407-886-3000

CR2E034 (12/95)