

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91057 019 ***150.00

DOCUMENT # 289932

1. Entity Name
RLM FARMS, INC.



Principal Place of Business
200 NW AVE L
BELLE GLADE, FL 33430 US

Mailing Address
PO BOX 2048
BELLE GLADE, FL 33430 US

94082432



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1096591

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SHIVER, MICHAEL W
200 NW AVE L
BELLE GLADE, FL 33430

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	SHIVER, MICHAEL W.
STREET ADDRESS	200 N.W. AVE L
CITY-ST-ZIP	BELLE GLADE, FL
TITLE	P
NAME	MACE, ALICE H.
STREET ADDRESS	900 SE 3RD STREET
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	VP
NAME	FREE, DEBRA J.
STREET ADDRESS	6928 HAZELTINE DRIVE
CITY-ST-ZIP	FORT WORTH, TX 76132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael W. Shiver 04/26/04 561-996-2800

Date

Daytime Phone #