

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

COMBINATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
James B. McHugh
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

COMM 10 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **310494** (0)

ANTHONY FARMS, INC.

1. Principal Office Address		2a. Mailing Address		3. Date of Original Registration		3a. Date of Last Report	
2520 BANANA RD LAKELAND FL 33809		2520 BANANA RD LAKELAND FL 33809		10/28/1966		05/01/1994	
2. Principal Agent's Report	2a. Mailing Address	4. FID Number		Applied For			
21	26	59-1152706		Not Applicable			
22. State Applicant		27. State Applicant		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		<input type="checkbox"/>	
23. City & State		28. City & State		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
23		28		Trust Fund Contribution		<input type="checkbox"/>	
24. Country		29. Country		7. This corporation has liability for intangible tax under 5-189.02 Florida Statutes			
24		29		<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ANTHONY, G P 2520 BANANA RD. LAKELAND FL 33805				81. Name			
				82. Street Address (P.O. Box Number is Not Applicable)			
				83. City			
				84. State			
				FL 85. Zip Code			

11. Pursuant to the provisions of Sections 607.011(2) and 607.011(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address set forth 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 607.011(8), Florida Statutes.

SIGNATURE: _____ (Signature of Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
NAME	DP ANTHONY, G.P. 8213 N. CAMPBELL RD. LAKELAND FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY		3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		4. STATE	
ZIP CODE		5. ZIP CODE	
NAME	STD ANTHONY, S.N. 8213 N. CAMPBELL RD. LAKELAND FL	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		7. STREET ADDRESS	
CITY		8. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		9. STATE	
ZIP CODE		10. ZIP CODE	
NAME		11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		12. STREET ADDRESS	
CITY		13. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		14. STATE	
ZIP CODE		15. ZIP CODE	

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 607.011(8)(b), Florida Statutes. I further certify that the individuals included on this annual report or supplemental annual report are true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the its owner or fraction of ownership to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block A of Block C of this report or on any attachment with an address.

SIGNATURE: *Sarah N. Anthony* - Sarah N. Anthony 5-5-95 858 2021
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR