

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

**FILED**

**Mar 31 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 317911 (6)**

**1. Corporation Name  
CORAL HILLS FARMS, INC.**



**Principal Place of Business Mailing Address  
2300 CORAL HILLS ROAD APOPKA FL 32703 2300 CORAL HILLS ROAD APOPKA FL 32703-7811**

**3. Date Incorporated or Qualified 06/20/1967 3a. Date of Last Report 04/29/1996**  
**4. FEI Number 59-1217434 Applied For Not Applicable**  
**5. Certificate of Status Desired [ ] \$8.75 Additional Fee Required**  
**6. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees**  
**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No**

**2. Principal Place of Business 2a. Mailing Address**  
**21. State, Apt. #, etc. 26. State, Apt. #, etc.**  
**22. City & State 27. City & State**  
**23. Zip Country 28. Zip Country**  
**24. 25. 29. 30.**

**9. Name and Address of Current Registered Agent**

**DEVITA, PHILIP A.  
2300 CORAL HILLS ROAD  
APOPKA FL 32703**

**10. Name and Address of New Registered Agent**

**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** (NOTE: Registered Agent signature required when reinstating) **DATE**

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DEVITA, PHILIP A.	
STREET ADDRESS	2300 CORAL HILLS RD	
CITY-ST-ZIP	APOPKA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DEVITA, JILL M.	
STREET ADDRESS	2300 CORAL HILLS RD.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DEVITA, PHILIP J.	
STREET ADDRESS	2300 CORAL HILLS RD	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**14. 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 changed or on an attachment with an address.**

**SIGNATURE:** *Philip A. Devita* *Sandra B. Mortham* *3-27* *07*  
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)