FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **357267** **(4)**

1. Corporation Name

FLYING "G" FARMS COMPANY

Principal Place of Business	Mailing Address
6235 HWY 98 NORTH OKEECHOBEE FL 34972	6235 HWY 98 NORTH OKEECHOBEE FL 34972

3. Date Incorporated or Qualified: **12/30/1969**

3a. Date of Last Report: **06/27/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **59-1311442** ☐ 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

9. Name and Address of Current Registered Agent

~~GUTIERREZ, JORGE R~~
~~200 SOUTH BISCAYNE BOULEVARD, SUITE 4500~~
~~10TH FLOOR~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: ERNEST C. GOOLSBY, II

82 Street Address (P.O. Box Number is Not Acceptable): 6235 Highway 98 North

83

84 City: Okeechobee FL 85 Zip Code: 34972

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: E C Goolsby II — DATE:

Signature required when executing this part of the report. (NOTE: Registered Agent's signature required when changing.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GOOLSBY, ERNIE C.		1.2 NAME	
STREET ADDRESS	6235 HWY 98 NORTH		1.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL		1.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GOOLSBY, NANCY		2.2 NAME	
STREET ADDRESS	6235 HWY 98 NORTH		2.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL		2.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MORGAN, KIMBERLY		3.2 NAME	
STREET ADDRESS	743 DUNLAP		3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GOOLSBY, MRS E C		4.2 NAME	
STREET ADDRESS	6235 HWY 98 NORTH		4.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE, FL 00000		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 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: E C Goolsby II — 5-2-96 (Date) — 941-763-4726 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E C GOOLSBY

CR2E034 (12/95)