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
6235 HWY 98 NORTH
OKEECHOBEE FL 34972

Mailing Address
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: Ernest C. Goolsby II — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	GOOLSBY, ERNIE C.	
STREET ADDRESS	6235 HWY 98 NORTH	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	STD	☐ DELETE
NAME	GOOLSBY, NANCY	
STREET ADDRESS	6235 HWY 98 NORTH	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	VPD	☐ DELETE
NAME	MORGAN, KIMBERLY	
STREET ADDRESS	743 DUNLAP	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	TD	☐ DELETE
NAME	GOOLSBY, MRS E C	
STREET ADDRESS	6235 HWY 98 NORTH	
CITY-ST-ZIP	OKEECHOBEE, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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: Ernest C. Goolsby — 5-2-96 (Date) — 941-763-4726 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNIE C. GOOLSBY

CR2E034 (12/95)