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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # 408493**

(5)

FILED
Mar 20 1997 8:00am
Secretary of State

1. Corporation Name JUMPING SPRINGS FARMS, INC. Principal Plane of Business Mailing Address 6221 LYONS ROAD C/O DAVIS COCONUT CREEK FL 33073 7227 ENCINA LANE US BOCA RATON FL 33433-1626								
					 Date Incorporated or Qualified 09/11/1972 		te of Last Report 11/1996	
	lace of Busness	2a. Mailing Address			4, FEI Number		Applied I	
1					59-1417048 Not App 5 Certificate of Status Desired \$8.75 Addition			
22		27			5, Certificate of Status Desired	` L J	Fee Required	1
City & State	0	City & State		6. Election Campaign Financing Trust Fund Coatribution		\$5.00 May 8 Added to Fees		
Z(p	Country	Zip Country		,	Trust Fund Contribution L Added to Fees 8. This corporation has liability for intangible tax under s. 199 032.			
24 25		29	30		Florida Statutes	② Yes	No	
DAI	B. Name and Address of Currents, NORMA	nt Hegistered Agent	81	Name	10. Name and Address of New Re	gistered	Agent	
	27 ENCINA LANE		82					
	CA RATON FL 33433				iress (F.O. Box Humber is Not Acceptat	נטונ)		
			83					
			84	City		FL	85 Zip Code	
SIGNATURE 12. Tille	Signor and present manipulating the greater of legi-				poration submits this statement for the partion's board of directors. I hereby acception when reinstaing) ADDITIONS/CHANGES TO OFFICE	DATE	DIRECTORS IN 1	
NAME	DAVIS, NORMA	<u></u>	1.2 NAME	Ì			C Change C P	Midilion
STREET ADDRESS	7227 ENCINA LANE		1.3 STREE	I ADORESS				
011Y-ST-7#	BOCA RATON, FL 00000	and the second s	1.4 CITY-	ST-ZIP				
T.D.E	SD Davis, Stephen	L_J DELFTE	21 TITLE	j			Change A	Addition
NAME STREET ADORESS	7227 ENCINA LANE		22 NAME 23 SIREE	T ADDRESS				
City-St-zif-	BOCA RATON, FL 00000		2 4 City-					
TITLE	VTD	☐ DELETE	3.1 TITLE		* -		Change A	Addition
NAME	DAVIS, WILFRED L		3.2 NAME					
STREET ADDRESS	7227 ENCINA LANE BOCA RATON, FL 00000			I ADDRESS				
City - St - Ziff Title	DOON HATOH, I'L WOOD	DELFTE	3.4. CITY- 4.1 Title	51-4#			☐ Change ☐ A	Addilion
NAME			4. 2 NAME	\				
STREET ADDRESS			43 STREE	T ADORESS				
CITY ST-76		T Britte	4.4 GITY-	ST-ZIP				
TITLE NAME		☐ DELETE	5 1 TITLE 5 2 NAME				Change A	Addition
NAME STREET ADJUREDS			E .	T ADDRESS				
O(D) - 57 - 702			5.4 CITY -					
TOTALE		DELETE	6 1 TITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change A	Addition
NAM:			6.2 NAME	ı				
STREET ADDRESS								
CITY - \$1 7P			6.3 STREE 6.4 CHTY-	T ADDRESS				

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 Black 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Morne Danis

NORMA DAVIS 3/17/97 (561) 483-9910