FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:29

DOCUMENT # **411735** **(4)**

1. Corporation Name
BLUE RIDGE FARMS INC

Principal Place of Business	Mailing Address
9202 NW 106 ST 8751 WEST BROWARD BOULEVARD MEDLEY FL 33178 US	9202 NW 106 ST 8751 WEST BROWARD BOULEVARD MEDLEY FL 33178 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/31/1972**
3a. Date of Last Report: **03/28/1994**

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

4. FEI Number: **13-2793580** ☐ 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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	SIEGEL, JEFFREY	12 NAME	
STREET ADDRESS	3301 ATLANTIC AVE	13 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	SIEGEL, RICHARD	22 NAME	
STREET ADDRESS	3301 ATLANTIC AVE	23 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	BOWE, KEN	32 NAME	
STREET ADDRESS	3301 ATLANTIC AVE	33 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	SIEGEL, SEYMOUR	42 NAME	
STREET ADDRESS	3301 ATLANTIC AVE	43 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☒ Change ☐ Addition
NAME	QUINN, JAMES	52 NAME	Delete James Quinn
STREET ADDRESS	3301 ATLANTIC AVE.	53 STREET ADDRESS	No additions
CITY-ST-ZIP	BROOKLYN NY	54 CITY-ST-ZIP	
TITLE	CM	61 TITLE	☐ Change ☐ Addition
NAME	CHARIF, DAVID	62 NAME	
STREET ADDRESS	9202 NW 106 ST	63 STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL	64 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)(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: x Ken Bowe 3/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF CORPORATE OFFICER OR DIRECTOR — Date — Daytime Phone #

01H423 CP