

FILE NOW: FILING FEE AFTER MAY 1 IS \$22.00

CORPORATION
ANNUAL REPORT
1995Florida Department of State
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 APR 21 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 414041

(4)

1. Corporation Name

R M RINKER FARM INC

Principal Place of Business

1830 SW LOCKS ROAD
STUART FL 34997

Mailing Address

1830 SW LOCKS ROAD
STUART FL 34997

DO NOT WRITE IN THIS SPACE.

2. Date Incorporated or Qualified

12/01/1972

3a. Date of Last Report

04/18/1994

4. FEI Number

59-1426280

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees7. This corporation has identity for interstate tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip Country

25

29. Zip

30. Country

9. Name and Address of Current Registered Agent

RINKER, RONNIE M.
1830 S.W. LOCKS ROAD
STUART FL 34997

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

RINKER, RONNIE

1830 S.W. LOCKS RD.

STUART FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

RINKER, LAURA B.

1830 S.W. LOCKS RD.

STUART FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

RINKER, JEANETTE

1830 S.W. LOCKS RD.

STUART FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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 110.07(3)(b), 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:

Ronnie M. Rinker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONNIE M RINKER

Date

Anytime 1 Year #

4/18/95