## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

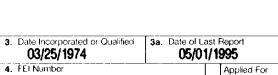
**DOCUMENT #** 449161 (9)

THE FARMS AT WILLISTON, INC.

Principal Place of Business 1875 BELCHER RD N #201 CLEARWATER FL 34625

Mailing Address

1875 BELCHER RD N #201 CLEARWATER FL 34625



85

2.	Principal Place of Bi	usiness	2a. Mai	ling Address		4. FEI Number	Applied For
21			26			59-1521271	Not Applicable
22	Suite, Apt. #, etc.		Suit	te. Apt. #, etc			. <b>75</b> Additional ee Required
23	City & State		City 28	& State		1	5.00 May Be doed to Fees
24	Zip	Country 25	Ζ <sub>(</sub> ρ	Co.	intry	8. This corporation has liability for intangible tax unde Florida Statutes Yes 🔲 No	ers 199.032,
g, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	
	PERENICH, GUY N. 1875 BELCHER RD N #201					Name Street Address (P.O. Box Number is Not Acceptable)	
	34825				83		

City 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

2.	OFFICERS AND DIREC	CTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
:TLE	PT	☐ DELETE	1 1 1 I I I E	Change Addition
IAME	PERENICH (GUY N.)		1.2 NAME	
TREET ADDRESS	1875 BELCHER RD N #201		1.3 STREET ADDRESS	
ITY - ST - ZIP	CLEARWATER FL		1.4 City - ST - ZiF	
ITLE	VS	[]] DELETE	2 1 THUE	Change Addition
IAME	CARROLL (ROBERT J.)		2 2 NAME	
TREET ADDRESS	1875 BELCHER RD N #201		2.3 STREET ADDRESS	
IITY - ST - ZIP	CLEARWATER FL		24 CITY - ST - Z-P	
I*LE		DELETE	3 1 10 LE	Change Addition
AME			3.2 NAME	
TREET ADDRESS			3.3 STREET ADDRESS	
HTY - ST - ZIP			3.4 CITY - \$1 - 7IP	
ITLE		DELETE	4 1 TITLE	Change Addition
AME			4.2 NAME	
TREET ADDRESS			4.3 STREET ADDRESS	
ITY - ST - ZIP			4.4 CiTY - ST - ZiP	
IILE		DELETE	5 1 TITLE	Change Addition
AME			5.2 NAME	
TREET ADORESS			5.3 STREET ADORESS	
ITY-SI-ZIF			5.4 CHY+SI+ZIF	
ITLE		DELETE	6 1 TITLE	☐ Change ☐ Addition
AME			6.2 NAME	
TREET ADDRESS			6.3 STREET ADDRESS	

64 CHY-S1-ZIP

14. I do hereby certify that the information supplied with this films 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 arrural report or supplicinental arrival report is true and accounte and that my signature shall have the same legal effect as if made under oath; that I am an officer or furfector 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 Blo fent with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

(813) 796-8282