

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **482681** (4)

1. Corporation Name

**CARDANELL FARMS, INC.**



Principal Place of Business

**101 E KENNEDY BLVD #1450  
P. O. BOX 349  
TAMPA FL 33601  
US**

Mailing Address

**101 E KENNEDY BLVD #1450  
P. O. BOX 349  
TAMPA FL 33601  
US**

3. Date Incorporated or Qualified  
**08/12/1975**

3a. Date of Last Report  
**01/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number  
**59-1644757**

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

**WARD, DAVID E.  
101 E KENNEDY BLVD #3700  
TAMPA FL 33602**

81 Name

**David E. Ward, Jr.**

82 Street Address (P.O. Box Number is Not Acceptable)

**101 E. Kennedy Blvd., Ste# 3700**

83

84 City

**Tampa**

**FL**

85 Zip Code

**33601**

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

*David E. Ward, Jr.*

(NOTE: Registered Agent signature required when reinstating)

**1/18/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** ☒ DELETE  
NAME **WARD, M C**  
STREET ADDRESS **2405 ARDSON PLACE #604 A**  
CITY- ST- ZIP **TAMPA FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE **PD** ☒ DELETE  
NAME **WARD, DAVID E**  
STREET ADDRESS **POST OFFICE BOX 349**  
CITY- ST- ZIP **TAMPA FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE **D** ☒ DELETE  
NAME **WARD, M C**  
STREET ADDRESS **2405 ARDSON PLACE #604 A**  
CITY- ST- ZIP **TAMPA FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE **D** ☐ DELETE  
NAME **WARD, DAVID E. JR.**  
STREET ADDRESS **101 E KENNEDY BLVD #3700**  
CITY- ST- ZIP **TAMPA FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME **Ward, David E., Jr.**  
4.3 STREET ADDRESS **101 E. Kennedy Blvd., Ste #3700**  
4.4 CITY- ST- ZIP **Tampa, FL 33602**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **S**  
5.3 STREET ADDRESS **Ward, Nell**  
5.4 CITY- ST- ZIP **2403 Ardson Place #402-B**  
**Tampa, FL 33629**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **T**  
6.3 STREET ADDRESS **Ward, R. Carlton**  
6.4 CITY- ST- ZIP **398 Bluffview Dr.**  
**Belleair Bluffs, FL 34640**

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 unchanged, or on an attachment with an address.

SIGNATURE:

*David E. Ward, Jr.*

**David E. Ward, Jr.**

**1/18/96**

**(813) 223-4496**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)