

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 08 1996 8:00 am
Secretary of State

DOCUMENT # **492867** (7)
1. Corporation Name
WARREN FARMS, INC.



Principal Place of Business: RT 1, BOX 207, MONTICELLO FL 32344
Mailing Address: RT 1, BOX 207, MONTICELLO FL 32344

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/01/1976	04/25/1995
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		59-1542377	Not Applicable
24. Zip		29. Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country		30. Country		<input type="checkbox"/>	<input type="checkbox"/>
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
WARREN, R. BRUCE
160 N. WAUKEENAH STREET
MONTICELLO FL 32344

10. Name and Address of New Registered Agent
81 Name: **WARREN, R. BRUCE WARREN, HENRY M.**
82 Street Address (P.O. Box Number is Not Acceptable): **ROUTE I - BOX 482 ROUTE I - BOX 207**
83 **Henry M. Warren**
84 City: **THOMASVILLE, GA.** FL 32344 ZIP CODE 31792

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: **WARREN, HENRY M.** *Henry M. Warren* DATE: **4/4/96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WARREN, RONALD BRUCE	
STREET ADDRESS	RT 1, BOX 625	
CITY - ST - ZIP	THOMASVILLE GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WARREN, PIXIE W.	
STREET ADDRESS	RT 1, BOX 207	
CITY - ST - ZIP	MONTICELLO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WARREN, HENRY M.	
STREET ADDRESS	RT 1, BOX 207	
CITY - ST - ZIP	MONTICELLO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	WARREN RONALD BRUCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	ROUTE I - BOX 482
14 CITY - ST - ZIP	THOMASVILLE, GA 31792
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	\$ Dep by Bank
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)(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 if changed, or on an attachment with an address.
SIGNATURE: *Henry M. Warren* **HENRY M. WARREN, TREASURER** DATE: **3/18/96** 997-2715

CR2E034 (12/95)