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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

506742

(6)

DOCUMENT # 1. Corporation Name

OAKLEY FARMS, INC.

|--|

| | 46 | Malaya Adalaya a | | []]][]] | 0 1781 01811 81011 87011 01811 01811 01811 100k |
|---|-------------------------------------|------------------------------------|--------------------------------|--|---|
| Principal Place o | | Mailing Address | | ļ | |
| U. S. HIGHWA P. O. BOX 34 | | 16 OAKLEY PLACE STATEN ISLAND N | r 10306 | | |
| CITRA FL 32113 | | US | | 3. Date Incorporated or Qualified 3a. Date of Last Report | |
| | | | | 07/07/1976 | 05/01/1995 |
| Principal Place | ce of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| | | 26 | | 13-2871527 | Not Applicable |
| Suite, Apt. #, etc. | | Surte, Apt. #, etc. | | 5. Certificate of Status Desired | S8.75 Additional Fee Required |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Ζιρ | Country 25 | Ζφ 29 | Gountry 30 | 8. This corporation has liability for Florida Statutes X Yes | intangible tax under s. 199.032, ☐ No |
| 1 | 9. Name and Address of Curre | | | 10. Name and Address of New F | legistered Agent |
| | | | 81 Name | ······································ | |
| FIORE, MICHAEL | | | 82 Street Ad | ldress (P.O. Box Number is Not Acceptat | ole) |
| 8011 SW 56TH AVE. GAINESVILLE FL 32608 | | | 83 | | |
| | | | | | |
| | | | 84 City | | FL 85 Zip Code |
| 12. | | AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OF | ICERS AND DIRECTORS IN 12 |
| TLE | PD | DELETE | 1 1 TIFLE | | Change Addition |
| HAME | FIORE, LOUIS | | 1 2 NAME | | |
| TREET ADDRESS | 16 OAKLEY PLACE STATEN ISLAND NY | | 1.3 STREET ADDRESS | | |
| ITY - S1 - ZIP | VD STATEN ISLAND NY | ☐ DELETE | 1.4 City SI-2iF 2.1 TifuE | | Change Addition |
| ITLE AME | FIORE, FANNY | | 2.2 NAME | | |
| STREET ADDRESS | 16 OAKLEY PLACE | | 2.3 STREET ADDRESS | | |
| CHTY - ST - ZIP | STATEN ISLAND NY | | 2.4 CiT V - ST - ZiP | | |
| ITLE | TD | DEI FTE | 3 1 TITLE | | Change Addition |
| NAME | FIORE, DAVID | | 3.2 NAME | | |
| STREET ADDRESS | U.S. HWY. 301 | | 33 SYREEL ADDRESS | | |
| CITY-ST-ZIP | CITRA FL | | 3.4.C(1) \$1.7(P) | | Change Addition |
| TITLE | SD FIORE, MICHAEL | ☐ DEL€1€ | 4 1 3 TLE 4 2 NAME | | C Ondrige C Passing |
| NAME | 8011 SW 56TH AVE | | 4.2 NAME 4.3 STREET ACORESS | | |
| STREET ADDRESS | GAINESVILLE FL | | | | |
| CITY - ST - ZIP TITLE | A NITO I IDEA I B | | 4.4 City - ST - 7)P | | |
| NAME | 1 | DELETE | 5 1 TITLE | | Change Addition |
| • | 1 | DELETE | | | Crange Addition |
| STREET ADDRESS | | <u> </u> | 5 1 TITLE | | ☐ Change ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | | ☐ DELETE | 5 1 MILE 52 NAME | | Change Addition |

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). Frorida 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 C(TY-ST-2)F

6.2 NAME

6.3 STREET ADDRESS.

6.4 CHY - S1 - ZIF

SIGNATURE:

NAME

STREET ADDRESS

April 20,96 Testine Prove 1683

CR2E034 (12/95)