

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 3:31

DOCUMENT # 508096

(5)

1. Corporation Name

DIVERSIFIED FARMS, INC.

Principal Place of Business

21401 S.W. 127TH AVENUE
MIAMI FL 33177-5811

Mailing Address

21401 S.W. 127TH AVENUE
MIAMI FL 33177-5811

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/24/1976

3a. Date of Last Report

04/18/1994

4. FEI Number

59-2379847

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 2027 STATE ROAD 64 WEST

2a. Mailing Address

27 2027 STATE ROAD 64 WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 AVON PARK FLORIDA

City & State

28 AVON PARK FLORIDA

Zip

24 33825

Country

25 U.S.A.

Zip

29 33825

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

VAN DER WALL, ROBERT
6157 NW 153 ST
STE 225
MIAMI FL 33014

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 the filer (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ZIMMERMAN, JOSEPH E JR
STREET ADDRESS 21401 SW 127TH AVE
CITY, ST, ZIP MIAMI, FL 00000

TITLE V
NAME ZIMMERMAN, DREMA
STREET ADDRESS 21401 SW 127TH AVE
CITY, ST, ZIP MIAMI, FL 00000

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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 2027 STATE ROAD 64 WEST
1.4 CITY, ST, ZIP AVON PARK, FLORIDA 33825

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2027 STATE ROAD 64 WEST
2.4 CITY, ST, ZIP AVON PARK, FLORIDA 33825

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 119.07(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 registered 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:

Joseph E. Zimmerman

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH E. ZIMMERMAN, JR. 3/24/95

Date

Signature (Print Name)