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

DOCUMENT # **549432** **(3)**

1. Corporation Name

GIL CREST FARM, INC.

Principal Place of Business	Mailing Address
6800 NW 9TH BLVD STE 1 GAINESVILLE FL 32605	6800 NW 9TH BLVD STE 1 GAINESVILLE FL 32605

3. Date Incorporated or Qualified: **10/18/1977**	3a. Date of Last Report: **02/13/1995**
4. FEI Number: **59-1774634**	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

KNIZLEY, HOMER
6800 NW 9TH BLVD STE 1
GAINESVILLE FL 32605

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 (Required when filing) (Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BARBER, W HENRY JR	1.2 NAME	
STREET ADDRESS	203 NE FIRST STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	CUNNINGHAM, RICHARD W	2.2 NAME	
STREET ADDRESS	1130 NW 64TH TERR	2.3 STREET ADDRESS	c/o NFRMC
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Box 147006 32614
TITLE	VD ☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	THOBURN, ROBERT	3.2 NAME	
STREET ADDRESS	1130 NW 64TH TERR	3.3 STREET ADDRESS	6440 W. NEWBERRY RD # 106
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	32605
TITLE	VP ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KNIZLEY, HOMER	4.2 NAME	
STREET ADDRESS	6800 NW 9TH BLVD STE 1	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Homer Knizley Jr. 352 332 7990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Homer KNIZLEY JR VICE President