

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 552125 (7)

1. Corporation Name
JACK MARTIN FARMS, INC.



Principal Place of Business
7062 W. BOYNTON BCH. BLVD.
BOYNTON BEACH FL 33437
US

Mailing Address
P. O. BOX 3269
BOYNTON BEACH FL 33424
US

3. Date Incorporated or Qualified 11/29/1977	3a. Date of Last Report 05/01/1985
4. FEI Number 59-1793250	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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

MARTIN, JOHN D. JR.
7062 W. BOYNTON BCH. BLVD.
BOYNTON BEACH FL 33424

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 type for printed name of registered agent or officer or director

Printed Name of Agent (do not include title or address)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MARTIN, JOHN D. JR.
STREET ADDRESS	4130 ST. ANDREWS DR
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	SD
NAME	MARTIN, NANCY P.
STREET ADDRESS	4130 ST. ANDREWS DR
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	VP
NAME	MARTIN, NANCY P.
STREET ADDRESS	4130 ST. ANDREWS DR
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	T
NAME	MARTIN, JOHN D JR
STREET ADDRESS	4130 ST. ANDREWS DR
CITY-ST-ZIP	BOYNTON BEACH FL
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	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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)(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: *John D. Martin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-96 (561) 732-7114
Date: Day/Month/Year

CR2E034 (12/95)