FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 11:38

DOCUMENT # **557426** **(4)**

1. Corporation Name
C & O FARMS CO.

Principal Place of Business	Mailing Address
6300 GLINT MOORE RD BOCA RATON FL 33496	6300 GLINT MOORE RD BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/12/1978**
3a. Date of Last Report: **04/06/1994**

2. Principal Place of Business
21 **6300 Clint Moore Rd.**
Suite, Apt. #, etc.
22
City & State
23 **Boca Raton, FL**
Zip 24 **33496** Country 25 **USA**

2a. Mailing Address
26 **6300 Clint Moore Rd.**
Suite, Apt. #, etc.
27
City & State
28 **Boca Raton, FL**
Zip 29 **33496** Country 30 **USA**

4. FEI Number: **59-2245573** ☐ 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

9. Name and Address of Current Registered Agent

DICKENSON, DAVID B.
980 N FEDERAL HWY
COMPSON FINANCIAL CENTER SUITE 410
BOCA RATON FL 33432

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☐ Change ☐ Addition
NAME	OXLEY, THOMAS E.	12 NAME	
STREET ADDRESS	11798 GREYSTONE DR	13 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	
TITLE	VTD	21 TITLE	☐ Change ☐ Addition
NAME	RAINS, THOMAS E.	22 NAME	
STREET ADDRESS	WILLIAMS CENTER TOWER I	23 STREET ADDRESS	
CITY ST ZIP	TULSA OK	24 CITY ST ZIP	
TITLE	AS	31 TITLE	☐ Change ☐ Addition
NAME	KING, JEAN	32 NAME	
STREET ADDRESS	WILLIAMS CENTER TOWER I	33 STREET ADDRESS	
CITY ST ZIP	TULSA OK	34 CITY ST ZIP	
TITLE	AT	41 TITLE	☐ Change ☐ Addition
NAME	WHITE, COLLEEN	42 NAME	
STREET ADDRESS	WILLIAMS CENTER TOWER I	43 STREET ADDRESS	
CITY ST ZIP	TULSA OK	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I (We 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)(i), 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: Jean King **Jean King, Asst. Secretary** 3/23/95 (918) 584-1978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0440130 FP