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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 FEB 10 AM 11:38

DOCUMENT # 573410 (8)

1. Corporation Name
ROYVAN, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 630 STATE FARMERS MARKET RD<br>P O BOX 619<br>PAHOKEE FL 33476 | 630 STATE FARMERS MARKET RD<br>P O BOX 619<br>PAHOKEE FL 33476 |

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: 05/24/1978
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-1877408 ☐ 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

VANDERGRIFT, ROY
197 S. LAKE AVE.
PAHOKEE FL 33476

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 | D | 1.1 TITLE | | ☒ Change ☐ Addition |
| NAME | VANDEGRIFT, KATHLEEN W | 1.2 NAME | DECEASED | |
| STREET ADDRESS | U S 441 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CANAL POINT FL | 1.4 CITY-ST-ZIP | | |
| TITLE | PD | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | VANDEGRIFT, ROY | 2.2 NAME | | |
| STREET ADDRESS | U S 441 | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CANAL POINT FL | 2.4 CITY-ST-ZIP | | |
| TITLE | D | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BLACKWELL, W E | 3.2 NAME | | |
| STREET ADDRESS | 100 3RD STREET | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CANAL POINT FL | 3.4 CITY-ST-ZIP | | |
| TITLE | D | 4.1 TITLE | VICE-PRESIDENT | ☐ Change ☒ Addition |
| NAME | COOK, JOHN W | 4.2 NAME | | |
| STREET ADDRESS | 630 FARMERS MARKET ROAD | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PAHOKEE FL 33476 | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 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)(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: _____ 02/06/95 407-924-5551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Roy Vandegrift, Jr.

0203710 CP