FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

APPROVED AND FILED

95 MAR -1 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 628564 (7)

1. Current Name
A.D.M. FARMS, INC.

Principal Place of Business	Mailing Address
2655 69TH STREET VERO BEACH FL 32966	2655 69TH STREET VERO BEACH FL 32966

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/03/1979
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business
21 8180 US #1
22 Suite, Apt. #, etc.
23 City & State: WABASSO, FL
24 Zip: 32969
25 Country

2a. Mailing Address
26 P.O. BOX 68
27 Suite, Apt. #, etc.
28 City & State: WABASSO, FL
29 Zip: 32970
30 Country

4. FEI Number: 59-1989448 ☐ 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

MICHAEL, ANNE DENBY
ONE EARRING POINT
ORCHID ISLAND
VERO BEACH FL 32963

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: (NOTE: Required Agent's signature required when necessary) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: MICHAEL, GORDON A ADDRESS: 2655 69TH ST CITY-ST-ZIP: VERO BCH, FL 00000	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE: SD NAME: MICHAEL, TIMOTHY P ADDRESS: 4 EARRING PT/ORCHID ISL. CITY-ST-ZIP: VERO BEACH, FL 00000	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE: VTD NAME: MICHAEL, BURKE E ADDRESS: 2 EARRING PT/ORCHID ISL. CITY-ST-ZIP: VERO BEACH FL	31 TITLE ☐ Change ☐ Addition 32 NAME: MICHAEL-NEELY, BURKE 33 STREET ADDRESS 34 CITY-ST-ZIP
	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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: Burke Michael-Neely BURKE MICHAEL-NEELY 2/6/95 (407)388-1060
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0076520 CP