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

APPROVED AND FILED

1995 MAY -1 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **633519** **(4)**

1. Corporation Name

HOMESTEAD GROWERS, INC.

900001492489
-05/17/95--01180--002
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~25201 S.W. 189TH AVE.~~ ~~HOMESTEAD FL 33031~~	~~25201 S.W. 189TH AVE.~~ ~~HOMESTEAD FL 33031~~

3. Date Incorporated or Qualified: **08/23/1979**
3a. Date of Last Report: **07/28/1994**

2. Principal Place of Business	2a. Mailing Address
21 25025 THORNHILL DRIVE	26 25025 THORNHILL DRIVE
Suite, Apt. #, etc 22 MT. PLYMOUTH	Suite, Apt. #, etc 27 MT. PLYMOUTH
City & State 23 FLORIDA	City & State 28 FL
Zip 24 32776 Country 25 USA	Zip 29 32776 Country 30 USA

4. FEI Number: **59-1925223** ☐ 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

MARSH, WILLIAM S.
~~25201 S.W. 189TH AVE.~~
~~HOMESTEAD FL 33031~~

10. Name and Address of New Registered Agent

81 Name: WILLIAM MARSH
82 Street Address (P.O. Box Number is Not Acceptable): 25025 THORNHILL DRIVE
83: MT. PLYMOUTH,
84 City: FL **FL** 85 Zip Code: 32776

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] WILLIAM S. MARSH 4/27/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☒ Change ☐ Addition
NAME	MARSH, MARILYN J.	12 NAME	
STREET ADDRESS	~~25201 SW 189 AVE.~~	13 STREET ADDRESS	25025 THORNHILL DRIVE
CITY ST ZIP	~~HOMESTEAD FL~~	14 CITY ST ZIP	MT. PLYMOUTH, FL 32776
TITLE	P	21 TITLE	☒ Change ☐ Addition
NAME	MARSH, WILLIAM	22 NAME	
STREET ADDRESS	~~25201 SW 189TH AVE~~	23 STREET ADDRESS	25025 THORNHILL DRIVE
CITY ST ZIP	~~HOMESTEAD, FL 00000~~	24 CITY ST ZIP	MT. PLYMOUTH, FL 32776
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HAY, PATRICIA A.	32 NAME	
STREET ADDRESS	25051 SW 189 AVE.	33 STREET ADDRESS	
CITY ST ZIP	HOMESTEAD FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MARSH, RICHARD E.	42 NAME	
STREET ADDRESS	1984 ST. GEORGE ROAD	43 STREET ADDRESS	
CITY ST ZIP	DANVILLE CA	44 CITY ST ZIP	
TITLE		51 TITLE	TAMP 5-1-95 ☐ 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 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: [signature] WILLIAM S. MARSH 4/27/95 904-735-5413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0118449 CP