

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB 27 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 634285 (1)
1. Corporation Name
CERES 2,000, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/29/1979	3a. Date of Last Report 04/22/1994
4. FBI Number 59-1920961	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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**BURKE, MARTHA ROE
450 S.R. 540-W
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

(ATTN)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TC	1.1 TITLE	☐ Change ☐ Addition
NAME	ROE, WILLARD E	1.2 NAME	
STREET ADDRESS	500 AVE. R. SW	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	1.4 CITY - ST - ZIP	
TITLE	PSD	2.1 TITLE	☐ Change ☐ Addition
NAME	BURKE, MARTHA ROE	2.2 NAME	
STREET ADDRESS	450 SR 540 WEST	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	2.4 CITY - ST - ZIP	
TITLE	VT	3.1 TITLE	☐ Change ☐ Addition
NAME	BURKE, JOSEPH	3.2 NAME	
STREET ADDRESS	450 SR 540 WEST	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	3.4 CITY - ST - ZIP	
TITLE	VPO	4.1 TITLE	☐ Change ☐ Addition
NAME	ROE, QUENTIN	4.2 NAME	
STREET ADDRESS	500 AVENUE R S.W.	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	4.4 CITY - ST - ZIP	
TITLE	VPO	5.1 TITLE	☐ Change ☐ Addition
NAME	ROE, MORGAN	5.2 NAME	
STREET ADDRESS	500 AVENUE R S.W.	5.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	5.4 CITY - ST - ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	ROE, WILLIAM	6.2 NAME	
STREET ADDRESS	500 AVENUE R S.W.	6.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	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 140 (17)(9)(b) 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 addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/95

Signature Page 2