

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **634285**

(1)

1. Corporation Name
CERES 2,000, INC.



Principal Place of Business
**450 STATE RD 540 W
POB 2927
WINTER HAVEN FL 33883**

Mailing Address
**450 STATE RD 540 W
POB 2927
WINTER HAVEN FL 33883**

3. Date Incorporated or Qualified 08/29/1979	3a. Date of Last Report 02/27/1995
4. FEI 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	2a. Mailing Address
21. Subst. Apt. #, etc.	26. Subst. Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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

11. Pursuant to the provisions of Sections 607.0702 and 607.1528, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person signing on behalf of the corporation

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	12. NAME
STREET ADDRESS	STREET ADDRESS	13. STREET ADDRESS	14. CITY-STATE-ZIP
CITY-STATE-ZIP	CITY-STATE-ZIP	15. CITY-STATE-ZIP	16. CITY-STATE-ZIP
☐ DELETE	☐ DELETE	☐ Change	☐ Addition
TITLE	NAME	17. TITLE	18. NAME
STREET ADDRESS	STREET ADDRESS	19. STREET ADDRESS	20. CITY-STATE-ZIP
CITY-STATE-ZIP	CITY-STATE-ZIP	21. CITY-STATE-ZIP	22. CITY-STATE-ZIP
☐ DELETE	☐ DELETE	☐ Change	☐ Addition
TITLE	NAME	23. TITLE	24. NAME
STREET ADDRESS	STREET ADDRESS	25. STREET ADDRESS	26. CITY-STATE-ZIP
CITY-STATE-ZIP	CITY-STATE-ZIP	27. CITY-STATE-ZIP	28. CITY-STATE-ZIP
☐ DELETE	☐ DELETE	☐ Change	☐ Addition
TITLE	NAME	29. TITLE	30. NAME
STREET ADDRESS	STREET ADDRESS	31. STREET ADDRESS	32. CITY-STATE-ZIP
CITY-STATE-ZIP	CITY-STATE-ZIP	33. CITY-STATE-ZIP	34. CITY-STATE-ZIP
☐ DELETE	☐ DELETE	☐ Change	☐ Addition
TITLE	NAME	35. TITLE	36. NAME
STREET ADDRESS	STREET ADDRESS	37. STREET ADDRESS	38. CITY-STATE-ZIP
CITY-STATE-ZIP	CITY-STATE-ZIP	39. CITY-STATE-ZIP	40. CITY-STATE-ZIP
☐ DELETE	☐ DELETE	☐ Change	☐ Addition
TITLE	NAME	41. TITLE	42. NAME
STREET ADDRESS	STREET ADDRESS	43. STREET ADDRESS	44. CITY-STATE-ZIP
CITY-STATE-ZIP	CITY-STATE-ZIP	45. CITY-STATE-ZIP	46. CITY-STATE-ZIP
☐ DELETE	☐ DELETE	☐ Change	☐ Addition
TITLE	NAME	47. TITLE	48. NAME
STREET ADDRESS	STREET ADDRESS	49. STREET ADDRESS	50. CITY-STATE-ZIP
CITY-STATE-ZIP	CITY-STATE-ZIP	51. CITY-STATE-ZIP	52. CITY-STATE-ZIP
☐ DELETE	☐ DELETE	☐ Change	☐ Addition
TITLE	NAME	53. TITLE	54. NAME
STREET ADDRESS	STREET ADDRESS	55. STREET ADDRESS	56. CITY-STATE-ZIP
CITY-STATE-ZIP	CITY-STATE-ZIP	57. CITY-STATE-ZIP	58. CITY-STATE-ZIP
☐ DELETE	☐ DELETE	☐ Change	☐ Addition
TITLE	NAME	59. TITLE	60. NAME
STREET ADDRESS	STREET ADDRESS	61. STREET ADDRESS	62. CITY-STATE-ZIP
CITY-STATE-ZIP	CITY-STATE-ZIP	63. CITY-STATE-ZIP	64. CITY-STATE-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)(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 registered agent or have been empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached sheet with an address.

SIGNATURE:

Martha R. Burke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/96

941/299-4238

CR2E034 (12/95)