

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:47

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **639277** (3)
1. Corporation Name
FLOR-WILL, INC.

Principal Place of Business Mailing Address
**1401 WEST AVENUE A
BELLE GLADE FL 33430**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/10/1979** 36. Date of Last Report **04/22/1994**
4. FFI Number **65-0320699** 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

**THROOP, DONNA, MRS.
1401 WEST AVENUE A
BELLE GLADE FL 33430**

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 607.0602 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 provisions of Section 607.0605, Florida Statutes.

SIGNATURE: *Donna A. Acree*

(Typed or Printed Name of Registered Agent or Officer or Director)

4/28/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	THROOP, DONNA A.
STREET ADDRESS	658 S.E. AVE. F PLACE
CITY, ST, ZIP	BELLE GLADE FL
TITLE	S
NAME	BARTON, LISA A. B
STREET ADDRESS	533 1/2 S.E. AVE. E
CITY, ST, ZIP	BELLE GLADE FL
TITLE	T
NAME	ACREE, DORIS A.
STREET ADDRESS	616 S.E. 9TH STREET
CITY, ST, ZIP	BELLE GLADE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (2)(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 member or holder 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 in an attachment with an address.

SIGNATURE: *Doris A. Acree* **Doris A. Acree**
(Typed or Printed Name of Signing Officer or Director)

4/28/95 407-996-3639