

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 653420 (0)

1. Corporation Name

CRAVEN FARM CENTER, INC.

Principal Place of Business

HWY 280 WEST
CHIPLEY FL 32428
US

Mailing Address

PO BOX 204
CHIPLEY FL 32428
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/24/1980		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.	4. FEI Number 59-1989451		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

BROCK, LEOLA C
HIGHWAY 280 EAST
CHIPLEY FL

10. Name and Address of New Registered Agent

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

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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAVEN, WILLIAM M.	1.2 NAME	
STREET ADDRESS	RT 1 BOX 482	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAVEN, BARBARA T.	2.2 NAME	
STREET ADDRESS	RT 1 BOX 482	2.3 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, LEOLA C.	3.2 NAME	
STREET ADDRESS	RT 1 BOX 484	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, BILLY J	4.2 NAME	
STREET ADDRESS	RT 1 BOX 484	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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:

Leola Brock, Leola Brock, Sec

4/29/96

904/638-1431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

DeLone Phone #

CR2E034 (12/95)