

# 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 # **679010** (9)

1. Corporation Name

**G. T. WARREN FARMS, INC.**



Principal Place of Business

**HIGHWAY 71 SOUTH  
P.O. BOX 309  
BLOUNTSTOWN FL 32424**

Mailing Address

**HIGHWAY 71 SOUTH  
P.O. BOX 309  
BLOUNTSTOWN FL 32424**

3. Date Incorporated or Qualified

**07/18/1980**

3a. Date of Last Report

**04/25/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

29 Zip

30 Country

4. FEI Number

**59-2011227**

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

**WARREN, GLENN T., JR.  
HWY 71 SOUTH  
BLOUNTSTOWN FL 32424**

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 607.0502 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 or limited partner)

(Signature typed or printed name of registered agent or limited partner)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DV  
WARREN, GLENN T, JR**  
STREET ADDRESS **HWY 71 SOUTH**  
CITY- ST- ZIP **BLOUNTSTOWN, FL 00000**

TITLE ☐ DELETE

NAME **STD  
WARREN, MARGARET B**  
STREET ADDRESS **HWY 71 SOUTH**  
CITY- ST- ZIP **BLOUNTSTOWN, FL 00000**

TITLE ☐ DELETE

NAME **DP  
WARREN, GLENN T, SR**  
STREET ADDRESS **HWY 71 SOUTH**  
CITY- ST- ZIP **BLOUNTSTOWN, FL 00000**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

*Glenn T. Warren Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Glenn T. Warren Jr**

3-4-96

904-674-8159

CR2E034 (12/95)