

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
95 JAN 23 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **684122** (5)  
1. Corporation Name  
**FLOROLINA FARMS, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**690 E DAVIDSON** **690 E DAVIDSON**  
**P O BOX 28** **P O BOX 28**  
**BARTOW FL 33830** **BARTOW FL 33830**

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

3. Date Incorporated or Qualified **08/13/1980** 3a. Date of Last Report **01/27/1994**  
4. FEI Number **59-2051173** 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  
**JOHNSON, RICHARD E.**  
**690 E DAVIDSON**  
**BARTOW FL 33830**

10. Name and Address of New Registered Agent  
b1 Name  
b2 Street Address (P.O. Box Number is Not Acceptable)  
b3  
b4 City **FL** b5 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	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRADER, EVELYN L	1.2 NAME	
STREET ADDRESS	1925 HERMOSA	1.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW, FL 00000	1.4 CITY - ST - ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RICHARD E.	2.2 NAME	
STREET ADDRESS	690 E DAVIDSON	2.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW, FL 00000	2.4 CITY - ST - ZIP	
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LYNN G.	3.2 NAME	
STREET ADDRESS	1115 GEORGE ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL	3.4 CITY - ST - ZIP	
TITLE	DV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, LEE G.	4.2 NAME	
STREET ADDRESS	118 TOWN CREEK DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	ANDERSON SC	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)(a), 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: Richard E. Johnson **RICHARD E JOHNSON** 1-15-95 813-522-8141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR