FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **743656** **(1)**

1. Corporation Name

ABBA FARMS, INC.

Principal Place of Business	Mailing Address
LEONARD LANE PO BOX 477 SAN ANTONIO FL 33576	LEONARD LANE PO BOX 477 SAN ANTONIO FL 33576

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1978
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-1836934 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

PERRONE, RONALD S
LEONARD LANE
P. O. BOX 477
SAN ANTONIO FL 33576

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VD ☐ Change ☐ Addition
NAME	PERRONE, VINCENT	1.2 NAME	Perrone Vincent
STREET ADDRESS	22901 LEONARD LANE P.O. BOX (471) ✓ 477	1.3 STREET ADDRESS	32901 Leonard Lane P.O Box 477
CITY-ST-ZIP	SAN ANTONIO FL 33576	1.4 CITY-ST-ZIP	San Antonio Fla
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GANIM, JOSEPH	2.2 NAME	
STREET ADDRESS	315 JOSEPH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	S CHARLESTON, W VA 00000 25303	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	PERRONE, RONALD S	3.2 NAME	
STREET ADDRESS	32901 LEONARD LANE P.O. BOX 477	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO, FL 00000 33576	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	☐ Change ☐ Addition
NAME	PERRONE, SYLVIA	4.2 NAME	
STREET ADDRESS	32901 LEONARD LANE, P.O. BOX 477	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO, FL 00000 33576	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald V. Perrone Sec/Treas. 4-12-95 904-588-9997
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COL1995