FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

'95 MAR -6 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **814640** **(9)**

1. Corporation Name
TARTAN FARMS CORPORATION

Principal Place of Business	Mailing Address
6775 SW 43RD AVE OCALA FL 34476	6775 SW 43RD AVE OCALA FL 34476

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/08/1960	3a. Date of Last Report: 04/28/1994
4. FEI Number: 41-0918134	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 5910 South West 44th Ave.	26 5910 SW 44th Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 OCALA, FLORIDA	City & State 28 OCALA, FLORIDA
Zip: 24 34476 Country: 25 MARION	Zip: 29 34476 Country: 30 MARION

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TAYLOR JR,HENRY H 1451 BRICKELL AVE MIAMI FL 33131	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	AS	1.1 TITLE	☐ Change ☐ Addition
NAME	WHITNEY, WHEELOCK	1.2 NAME	
STREET ADDRESS	4522 IDS CENTER	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BINGER, VIRGINIA M.	2.2 NAME	
STREET ADDRESS	4522 IDS CENTER	2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	MOE,THOMAS O.	3.2 NAME	
STREET ADDRESS	2300 1ST. NAT'L BANK B.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	BINGER,JAMES H.	4.2 NAME	
STREET ADDRESS	4522 IDS CENTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

✓ SIGNATURE: _____ James H. Binger _____ 904/237-2151
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0353340 CP