

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3: 20

DOCUMENT # 840431 (1)

1. Corporation Name

FICO FARMS, INC.

Principal Place of Business

**1525 E HELMET PEAK ROAD
SAHUARITA AZ 85629
US**

Mailing Address

**P. O. BOX 7
SAHUARITA AZ 85629
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1978

3a. Date of Last Report

04/20/1994

4. FEI Number

86-0090323

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEINER, NANCY
304 MAGNOLIA AVENUE
PANAMA CITY FL 32401**

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 of person or printed name of registered agent and the address of the

(If the registered agent signature is required when the address is

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC
NAME	WALDEN, R KEITH
STREET ADDRESS	1525 E HELMET PEAK RD.
CITY, ST, ZIP	SAHUARITA AZ
TITLE	D
NAME	CROWN, LESTER
STREET ADDRESS	222 N LA SALLE ST
CITY, ST, ZIP	CHICAGO IL
TITLE	T
NAME	HUTCHISON, ROBERT A
STREET ADDRESS	1525 E HELMET PEAK RD
CITY, ST, ZIP	SAHUARITA AZ
TITLE	PD
NAME	WALDEN, RICHARD(CEO)
STREET ADDRESS	1501 E HELMET PEAK RD
CITY, ST, ZIP	SAHUARITA AZ
TITLE	V
NAME	BRANDT, LAYNE A.
STREET ADDRESS	1525 E HELMET PEAK RD
CITY, ST, ZIP	SAHUARITA AZ
TITLE	S
NAME	MILROY, MICHAEL
STREET ADDRESS	ONE S CHURCH AVE
CITY, ST, ZIP	TUCSON AZ

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 the 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:

R. Keith Walden
SIGNATURE AND PRINTED NAME OF FILING OFFICER OR DIRECTOR

R. KEITH WALDEN, CHAIRMAN

2/15/95

602-791-2852