

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 853989 (2)

1. Corporation Name

EVEN-KEEL FARM, INC.

Principal Place of Business

3030-A UNION ST
CLEARWATER FL 34619

Mailing Address

3030-A UNION ST
CLEARWATER FL 34619



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26 P.O. Box 1097

Suite, Apt. #, etc.

27

City & State

28 Safety Harbor FL

Zip

29 34695-1097

Country

30 USA

9. Name and Address of Current Registered Agent

DOWNING, PHYLLIS A.

3030-A UNION ST.

CLEARWATER FL 34619

3. Date Incorporated or Qualified
09/07/1982

3a. Date of Last Report
04/28/1995

4. FEI Number
59-2202374

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4623 PEARL AVE W

83

84 City

Tampa

FL

85 Zip Code

33611

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

TITLE P
NAME DOWNING, PHYLLIS A
STREET ADDRESS 3030-A UNION ST
CITY-ST-ZIP CLEARWATER FL TAMPA, FL 33611

TITLE S
NAME SARA JACKSON
STREET ADDRESS P.O. Box 1097
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE D
NAME TRISH VOGEL
STREET ADDRESS 5305 INTERWAY BLVD
CITY-ST-ZIP TAMPA, FL 33611

TITLE D
NAME JIMMY RIVETS
STREET ADDRESS 5305 INTERWAY BLVD
CITY-ST-ZIP TAMPA, FL 33611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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: *Phyllis A. Downing*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHYLLIS A. Downing

5-10-96

831-8659

Date

Daytime Phone #

CR2E034 (12/95)