

2012 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A23716

FILED
Apr 25, 2012
Secretary of State

Entity Name: C. A. THOMAS FARMS, LTD.

Current Principal Place of Business:

1 MUTT THOMAS RD
LAKE HARBOR, FL 33459

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 8
1 MUTT THOMAS RD.
LAKE HARBOR, FL 33459

New Mailing Address:

FEI Number: 59-2749692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GANN, JAMES M
257 S.E. AVE. E.
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

MCGAHEE, MELANIE A
417 W SUGARLAND HWY
CLEWISTON, FL 33440 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MELANIE A. MCGAHEE

04/25/2012

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #:

Name: NORMAN, MOLLY T
Address: 21 EAST CORKSCREW BLVD.
City-St-Zip: LAKE HARBOR, FL 33459

ADDRESS CHANGES ONLY:

Address: P.O. BOX 167
City-St-Zip: LAKE HARBOR, FL 33459

Document #:

Name: NORMAN, MOLLY T TRUSTEE
Address: 21 EAST CORKSCREW BLVD.
City-St-Zip: LAKE HARBOR, FL 33459

Address:
City-St-Zip:

Document #:

Name: WEEKS, MARTHA L.T. TRUSTEE
Address: 8 EAST CORKSCREW BLVD.
City-St-Zip: LAKE HARBOR, FL 33459

Address:
City-St-Zip:

Document #:

Name: WEEKS, MARTHA L.T. TRUSTEE
Address: 8 EAST CORKSCREW BLVD.
City-St-Zip: LAKE HARBOR, FL 33459

Address:
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: MARTHA L.T. WEEKS

GP

04/25/2012

Electronic Signature of Signing General Partner

Date