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 JUL 26 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F12858 (9)

1. Corporation Name
FAIRGROUND FARMS, INC.

Principal Place of Business
6585 DILLMAN RD EXT.
P.O. BOX 15255
WEST PALM BEACH FL 33416

Mailing Address
6585 DILLMAN RD EXT.
P.O. BOX 15255
WEST PALM BEACH FL 33416

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 12/24/1980
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-2134077 ☐ 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

9. Name and Address of Current Registered Agent

DUDE, HARALD
6585 DILLMAN RD EXT.
WEST PALM BEACH FL 33413

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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DUDE, HARALD
STREET ADDRESS	6585 DILLMAN RD EXT.
CITY-ST-ZIP	WEST PALM BCH, FL 00000
TITLE	ST
NAME	DUDE, HARALD
STREET ADDRESS	6585 DILLMAN RD EXT.
CITY-ST-ZIP	WEST PALM BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

000001547900
-07/27/95--01072--004
****233.75 ****233.75

7/26/95
MJ

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(1)(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: HArAld Dude 407-683-4795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0282197 CP

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APPROVED
MD

95 JUL 25 PM 8:22

FILED
TALLAHASSEE, FLORIDA

CD

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # F16780

1. Corporation Name

Cook/Sarasota Moving Systems, Inc

Principal Place of Business	Mailing Address
4505 30th St W Bradenton, FL 34207-8004	4505 30th St W Bradenton, FL 34207-8004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1981	3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2061901	☐ 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	26
Suite Apt # etc: 22	Suite Apt # etc: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Glenn, Robert J 5105 W Clifton St Tampa, FL 33624	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 (of new registered agent, if appointed, and the signature required when removing agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	TITLE	D ☐ Change ☒ Addition
NAME	FIERLE, GREGORY R	NAME	SHAPIRO, WILLIAM
STREET ADDRESS	4639 WINDING WOODS	STREET ADDRESS	12 FOUNTAIN PLAZA
CITY ST ZIP	HAMBURG, NY	CITY ST ZIP	BUFFALO, NY 14202
TITLE	T	TITLE	D ☐ Change ☒ Addition
NAME	CONLEY, JOSEPH	NAME	LAHTI, PETER
STREET ADDRESS	259 WASHINGTON HWY	STREET ADDRESS	10250 REGENCY CIRCLE
CITY ST ZIP	SNYDER, NY	CITY ST ZIP	OMAHA, NE 68114
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	GLENN, ROBERT	NAME	
STREET ADDRESS	1422 HOUNDS HOLLOW CT	STREET ADDRESS	
CITY ST ZIP	LUTZ, FL	CITY ST ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	REAGAN, BARBARA	NAME	500100154545
STREET ADDRESS	S5294 LAKE SHORE RD	STREET ADDRESS	-07/27/95--01056--006
CITY ST ZIP	HAMBURG, NY	CITY ST ZIP	****200.00 ****200.00
TITLE	C	TITLE	☐ Change ☐ Addition
NAME	BERG, NORMAN	NAME	
STREET ADDRESS	41 CHEDWELL RD BOX 41	STREET ADDRESS	
CITY ST ZIP	MAPLE SPRINGS, NY	CITY ST ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	GAINES, KEN	NAME	
STREET ADDRESS	11 COBBLESTONE CT	STREET ADDRESS	
CITY ST ZIP	ORCHARD PARK, NY	CITY ST ZIP	T.S. 7/26/95

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions 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: [signature] U.S. 7/26/95

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date

Electronic Filing