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PROFIT CORPORATION ANNUAL REPORT



SIGNATURE: Ely. Land H. Largery
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

1996

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ENTERI	Y FARMS, INC.								
rincipal Place of	Business	Mailing Address				I IEBRIEB IIIE BIIEI IIAIT	VOEDE IDIU EEL	DI BIBIK BIBIK BIBIK	Blost Bibit Bibit 10
916 SE FORT KING STREET 916 SE FORT KING S P.O. BOX 833 P.O. BOX 833 OCALA FL 32678 OCALA FL 32678				TREET					
		OCALA FL 3	Z6/8			3. Date Incorporated or Qua 01/06/1982	alified 3a	. Date of Last 03/31/	•
. Principal Place	of Business	2a. Mailing Addre	ess			4. FEI Number 59-2148487			Applied For Not Applicable
Suite, Apt. #, e	etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desir	red 🔲		75 Additional e Required
City & State		City & State				6. Election Campaign Finance	cing	\$5.	00 May Be
<i>Z</i> ip	Country 25	Ζιρ		untry	·	Trust Fund Contribution 8. This corporation has liabil	lity for Intang	gible tax under	s 199.032,
<u> </u>	9. Name and Address of Curren	29 t Registered Agent	30			Florida Statutes 10. Name and Address of I	Yes [·
		Brown on Agolii		81 1	vame	IV. ITAING AND AUDIESS OF	rew regis	retea Agent	
WELCH, JOHN F 916 SE FORT KING ST.						s (P.O. Box Number is Not Acc	ceptable)		
916 SE F OCALA F				83					
OUNDIT	£ 02070				26.			1	
					City			FI I''	Zip Code
 Pursuant to the or registered a 	ne provisions of Sections 607.0502 agent, or both, in the State of Florid	and 607,1508, Florida Ia. Such change was a	a Statutes, the about the	ove-nan	ned corporati	on submits this statement for t	he purpose	of changing its	registered officed agent. I am
			authorized by the	corpora	ition's board	of directors. I hereby accept th	ie appointm		
TCOTINGE FAILT, D	and accept the obligations of, Section	on 607.0505, Florida S	Statutes.	corpora	ition's board	of directors. I hereby accept th	e appointm	ioni as registeri	
GNATURE	alure, typed or printed name of registered agent a		statutes.					DATE	
GNATURE Signa	alure, typed or printed name of registered agent a OFFICERS AND	and title if applicable D DIRECTORS	(NOTE: Registere	d Agent sig			·	DATE	
GNATURE Signe	elure, typed or printed name of registered agent a OFFICERS AND	and title if applicable	(NOTE: Registere	d Agent sig		tion reinstating)	·	DATE	ORS IN 12
GNATURE Signs LE ME	elure, typed or printed name of registered agent a OFFICERS AND PDT LAVERY, ELIZABETH H	and title if applicable D DIRECTORS	(NOTE: Registere 13.	d Agent sig TITLE NAME	yvature required w	tion reinstating)	·	DATE S AND DIRECT	ORS IN 12
GNATURE Signa	eluro, typed or printed name of registered agent a OFFICERS AND PDT LAVERY, ELIZABETH H 4949 N W 76TH COURT	and title if applicable D DIRECTORS	(NOTE: Registere 13. TE 1.1 1.2 h 1.3 S	d Agent sig TITLF NAME STREET ADD	ynature required w	hon reinstating) ADDITIONS/CHANGES TO	O OFFICER	DATE S AND DIRECT	ORS IN 12
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