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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # F94000003279

1. Corporation Name

SOMERSET FARMS OF ALACHUA, INC.

900001448499
-04/06/95--01003--007
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 8/8/94

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 Rt. 2, Box 170B	26
Suite, Apt. #, etc. 22 N.W. 122nd Street	Suite, Apt. #, etc. 27
City & State 23 Alachua, Florida	City & State 28
Zip 24 32615 / Country 25	Zip 29 / Country 30

4. FEI Number: 54-0761320 ☐ 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	10. Name and Address of New Registered Agent
O'Neill, William G. 110 N.E. Fifth Street Williston, FL 32696	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		11 TITLE	President, Director	☐ Change ☒ Addition
NAME		12 NAME	Charles C. Kirkpatrick, Jr.	
STREET ADDRESS		13 STREET ADDRESS	Rt. 2, Box 170B, N.W. 122nd St.	
CITY-ST-ZIP		14 CITY-ST-ZIP	Alachua, Florida 32615	
TITLE		21 TITLE	Secretary, Treasurer, Director	☐ Change ☒ Addition
NAME		22 NAME	Randy Kirkpatrick	
STREET ADDRESS		23 STREET ADDRESS	Rt. 2, Box 170B, N.W. 122nd St.	
CITY ST ZIP		24 CITY-ST-ZIP	Alachua, Florida 32696	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	OA	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS	3-30	
CITY ST ZIP		64 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)(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 attached sheet, with an X to the left.

SIGNATURE: _____ 3/21/95 F94481019C
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Document Number #

Charles C. Kirkpatrick, Jr., President