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 APR 26 AM 7:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G27677 (5)

1. Corporation Name
TERRY FARMS, ZELLWOOD DIVISION, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
5949 SADLER RD ZELLWOOD FL 32798 US	C/O LOU OCHOCKI 109 BUSHAWAY ROAD WAYZATA MN 55391-1904

3. Date Incorporated or Qualified: 03/15/1983
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 93-0831260 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: The Prentice-Hall Corporation System, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hayes Street
83 Suite 105
84 City: Tallahassee FL 85 Zip Code: 32301

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	DC	1.1 TITLE		☐ Change ☐ Addition
NAME	TERRY, DEAN	1.2 NAME		
STREET ADDRESS	109 BUSHAWAY ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	WAYZATA MN	1.4 CITY-ST-ZIP		
TITLE	AS	2.1 TITLE		☐ Change ☐ Addition
NAME	SWANBERG, LOWELL E.	2.2 NAME		
STREET ADDRESS	5949 SADLER ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	ZELLWOOD FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	MONTGOMERY, D. WAYNE	3.2 NAME		
STREET ADDRESS	5949 SADLER ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	ZELLWOOD FL	3.4 CITY-ST-ZIP		
TITLE	VTDS	4.1 TITLE		☐ Change ☐ Addition
NAME	OCHOCKI, LOUIS L.	4.2 NAME		
STREET ADDRESS	109 BUSHAWAY ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	WAYZATA MN	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: Louis L. Ochocki, VP, 8-24-95, 612-473-5266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04888480 FN