

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

**FILED**  
**Apr 16, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # **G44947** (1)

1. Corporation Name

**PONY EXPRESS FARMS, INC.**



Principal Place of Business

**20 UNIVERSITY RD  
CAMBRIDGE MA 02138  
US**

Mailing Address

**20 UNIVERSITY RD.  
C/O PSDI  
CAMBRIDGE MA 02138  
US**

3. Date Incorporated or Qualified

**06/23/1983**

3a. Date of Last Report

**03/14/1995**

4. FEI Number

**59-2304774**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ROLDAN, RAUL E.  
13411 BEDFORD MEWS CT.  
W. PALM BCH. FL 33414**

10. Name and Address of New Registered Agent

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

**13893 Barberberry Drive**

84

City

85

State

**FL**

Zip Code

**(Same)**

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

Signature (Typed or printed name of registered agent and the actual signature)

(The Registered Agent's signature is required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**DPT**

☐ DELETE

NAME

**DANIELS, ROBERT L**

STREET ADDRESS

**13368 POLO ROAD, UNIT 204-X**

CITY-ST-ZIP

**WEST PALM BEACH FL**

TITLE

**S**

☐ DELETE

NAME

**STANZLER, ALAN L**

STREET ADDRESS

**20 BEACON STREET**

CITY-ST-ZIP

**BOSTON MA**

TITLE

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