

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON 011 BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **G45750** (8)

1. Corporation Name

**PINE ISLAND FARMS, INC.**

Principal Place of Business

**24405 SW 129 AVENUE  
P.O. BOX 247  
GOULDS FL 33170**

Mailing Address

**24405 SW 129 AVENUE  
P.O. BOX 247  
GOULDS FL 33170**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/15/1983**

3a. Date of Last Report

**02/04/1994**

4. FEI Number

**59-2324339**

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

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROWE, CHARLES R.  
1310 N. KROME AVE.  
HOMESTEAD FL 33030**

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

**PST  
WISHART, JACK  
8320 S.W. 164TH STREET  
MIAMI FL**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

**V  
CHAFFIN, GARY L.  
9284 SW 138 ST CIR  
MIAMI FL**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
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CITY ST ZIP

TITLE  
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STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

13. ADDITIONAL OFFICERS AND DIRECTORS

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY ST ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
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)(b), 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 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/9/95**

**305-258-1485**