

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G51763

(2)

1. Corporation Name

DUPREE FARMS, INC.

Principal Place of Business

**3080 W HWY 318 CITRA
PO BOX 332
VERO BEACH FL 32961**

Mailing Address

**3080 W HWY 318 CITRA
PO BOX 332
VERO BEACH FL 32961**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/28/1983

3a. Date of Last Report

04/05/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

4. FEI Number

59-2442758

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**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ENGLISH, RICHARD J
3680 W HWY 318
CITRA FL 32113**

10. Name and Address of New Registered Agent

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 running)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PC
ENGLISH, RICHARD J.
3680 W HWY 318
CITRA FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**SD
ENGLISH, JOYCE H
1880 35TH AVENUE
VERO BEACH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
ALLISON, JOHN R
103 SUMMIT DR
GRIFFIN GA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VO
ALLISON, ROBERT W
A-10 FARMHOUSE LANE
MORRISTOWN NV**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Vice President

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Deceased in 5/14/94

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Secretary / treasurer

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 opinion.

SIGNATURE: **X**

Richard J English
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 28 95

904-846-0903