DOCUMENT # H41137

1. Entity Name

B & D FARMS, INC. Principal Place of Business Mailing Address 16880 SW 277 STREET 16880 SW 277TH STREET HOMESTEAD FL 33031 48 N.E. 15TH STREET HOMESTEAD FL 33031

FILED Apr 19, 2001 8:00 am Secretary of State 04-19-2001 90317 031 ***150.00



2. Principal Place of Business			3. Mailing Address						AM	ĬIIII	
							T LEGATORI ATKI DIRAN RIBAN KIRBA LIKIK KOKO DIBKI OKATÉ BIOKI DIRIK CHATI NIBIL LOGI.				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4.	FEI Number 59-2495047			oplied For	
Zip Country		_ ~	Zip Coun		try	5. (Certificate of Status Desired		8.75 Add	ditional	
	6. Name and Address of (Current Rea	istered Agent	-]	Name and Address of New Regist	· F	ee Require		
	or reality and reality of	our entrieg	istorea Agent		Name	7. 1	name and Address of New Hegist	oreu A	jent		
PAS		Storage A did									
	NE 8TH STREET				Street Address (P.O. Box Number is Not Acceptable)						
HOM	IESTEAD FL 33030										
		City				FL	Zip Cod	8			
8. The above	named entity submits this state	ement for the	purpose of changing its	registere	d office or regi	stered ag	gent, or both, in the State of Florida.				
				-	_	_					
SIGNATURE .											
Grant Tronic .	Signature, typed or printed name of registe	ered agent and tit	le if applicable. (NOTE	: Registered	Agent signature req	uired when re	einstating)	ATE			
9. This corpo	pration is eligible to satisfy its In	tangible	FILE NOW!!	! FEE	IS \$150.00		40 5() 0 . 5				
Tax filing requirement and elects to do so.			, After MAY 1, 2001 Fee will be \$5			00	 Election Campaign Financin Trust Fund Contribution. 			0 May Be to Fees	
(See criter	ia on back)	X	Make Check Payabl	le to De	partment of S	State	Trust I and Continuation.	_	Added	101668	
11.	OFFICE	RS AND DIRE	ECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS	AND D	IRECTORS	3 IN 11	
TITLE	DV		☐ Delete	TITLE					Change	☐ Addition	
NAME	HELMS, BOBBY DEAN			NAME							
STREET ADDRESS	16880 SW 277 ST				T ADDRESS						
CITY-ST-ZIP	HOMESTEAD FL			CITY-	ST-ZIP						
TITLE	D		☐ Delete	TITLE				[Change	☐ Addition	
NAME	HELMS, DANNY LEE			NAME	I					1	
STREET ADDRESS	27501 SW 166TH AVE				T ADDRESS						
CITY-ST-ZIP	HOMESTEAD FL	 -		CHY-	ST-ZIP	<u> </u>					
TITLE	D DELINO BENNIN LEGTED		☐ Delete	TITLE				[Change	Addition	
NAME STORES	HELMS, BENNY LESTER			NAME	l l						
STREET ADDRESS CITY-ST-ZIP	18544 SW 293 TERR HOMESTEAD FL				T ADDRESS ST-ZIP						
TITLE	HOMESTEAD FL		Delete	-	31 211					Addition	
NAME			L Detete	TITLE				l	Change	☐ Addition	
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP					\$T-ZIP						
TITLE			☐ Delete	TITLE			10 (Brown	ı	Change	☐ Addition	
NAME			_ 20000	NAME							
STREET ADDRESS				STREE	T ADDRESS						
CITY-ST-ZIP				CITY-	ST-ZIP						
TITLE			☐ Delete	TITLE				[Change	☐ Addition	
NAME				NAME					-		
STREET ADDRESS				STREE	T ADDRESS						
CITY-ST-ZIP				CITY-	ST-ZIP						
13. I hereby coindicated of the corp	ertify that the information suppl on this report or supplemental rooration or the receiver or ruste	ied with this report is true se empowers	filing does not qualify for t and accurate and that me and to execute this report a	the exen y signatu is require	nption stated in are shall have the ed by Chapter (Section 1 he same le 607, Florid	119.07(3)(i), Florida Statutes. I furthe egal effect as if made under oath; the da Statutes; and that my name appe	r certify nat I am nars in E	that the in an officer	formation or director Block 12 if	

changed, or on an attachment all other like empowered

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR