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

DOCUMENT # **H95414** **(9)**

1. Corporation Name

SOUTH OAKS FARMS, INC.

Principal Place of Business

% LAUREEN S. FORD
12009 N.E. 8TH COURT
OCALA FL 34479
US

Mailing Address

% LAUREEN S. FORD
12009 N.E. 8TH COURT
OCALA FL 34479
US

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]

3. Date Incorporated or Qualified: **01/22/1986**

3a. Date of Last Report: **01/23/1995**

4. FEI Number: **59-2650263** ☐ 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

9. Name and Address of Current Registered Agent

FORD, LAUREEN S.
12009 N.E. 8TH COURT
OCALA FL 34479

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	FORD, LAUREEN S.	
STREET ADDRESS	12009 N.E. 8TH COURT	
CITY-ST-ZIP	OCALA FL	
TITLE	VP	☐ DELETE
NAME	MATTHEW, SIDNEY	
STREET ADDRESS	135 S MONROE ST #100	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	ST	☐ DELETE
NAME	DONNELLY, SUSAN	
STREET ADDRESS	225 CHARTLEY DT	
CITY-ST-ZIP	REISTERSTOWN MD	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: Laureen Ford — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Laureen Ford

Date: 1/23/96 Daytime Phone #: (352) 629-1427