

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

B-4245 APPROVED AND FILED

CORPORATION
ANNUAL REPORT
1995



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

95 APR 24 AM 7:26

DOCUMENT # J28945

(0)

1. Corporation Name

PLANTATION FARMS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1200 N.W. 4TH STREET
HOMESTEAD FL 33000

Mailing Address

1200 N.W. 4TH STREET
HOMESTEAD FL 33000

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/15/1986

3a. Date of Last Report

04/20/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

59-2706763

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

HOWE, OSMOND C. JR.
200 S. BISCAYNE BLVD.
#4500
MIAMI FL 33131

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 time if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PETERS, LEWIS W.
STREET ADDRESS	1200 N.W. 4TH STREET
CITY - ST - ZIP	HOMESTEAD FL
TITLE	STD
NAME	FALCONER, NORMAN A.
STREET ADDRESS	1200 N.W. 4TH STREET
CITY - ST - ZIP	HOMESTEAD FL
TITLE	VD
NAME	PETERS, LEWIS H.
STREET ADDRESS	1200 N.W. 4TH STREET
CITY - ST - ZIP	HOMESTEAD FL
TITLE	VD
NAME	KEARNEY, VIRGINIA P.
STREET ADDRESS	1200 N.W. 4TH STREET
CITY - ST - ZIP	HOMESTEAD FL
TITLE	VD
NAME	PETERS, TODD C. DECEASED
STREET ADDRESS	1200 N.W. 4TH STREET
CITY - ST - ZIP	HOMESTEAD FL
TITLE	
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	

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)(g), 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 this address.

SIGNATURE

LEWIS H. PETERS, VD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/18/95

308/248-2000