

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J61851 (8)

1. Corporation Name

MARWOOD FARMS, INC.



Principal Place of Business

1626 90TH AVENUE  
P.O. BOX 370  
VERO BCH. FL 32961

Mailing Address

1626 90TH AVENUE  
P.O. BOX 370  
VERO BCH. FL 32961

3. Date Incorporated or Qualified  
03/13/1987

3a. Date of Last Report  
05/11/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-2798617

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

10. Name and Address of New Registered Agent

LUTHER, JOHN M  
555 S A1A  
P O BOX 370 (32961)  
VERO BEACH FL 32963

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 of officer or director of corporation

(If 301b Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TS  
NAME PEREZ, TOMAS RENE  
STREET ADDRESS 2019 CORTEZ AVE.  
CITY-ST-ZIP VERO BCH. FL

TITLE ATD  
NAME HOPKINS, SUSAN R.  
STREET ADDRESS 265 RIVERWAY DR  
CITY-ST-ZIP VERO BCH. FL

TITLE CD  
NAME RICHARDSON, DANFORTH K  
STREET ADDRESS 1855-28TH AVE  
CITY-ST-ZIP VERO BEACH FL

TITLE PD  
NAME LUTHER, JOHN M  
STREET ADDRESS 555 S A1A  
CITY-ST-ZIP VERO BEACH FL

TITLE ASD  
NAME LUTHER, NANCY R.  
STREET ADDRESS 555 SOUTH A1A HIGHWAY  
CITY-ST-ZIP VERO BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

2. TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

3. TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

4. TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

5. TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

6. TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

300001810370  
-05/07/96--01018--019  
\*\*\*200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Luther, Pres.

4/19/96

407-567-1151

Ext. 333

CR2E034 (12/95)