

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Mortman
Secretary of State
Tallahassee, FL 32399-0001

FILED
SECRETARY OF STATE
DEPARTMENT OF CORPORATIONS

95 MAY -1 AM 10: 22

DOCUMENT # J68315

(7)

To: Corporation Name

CROWN BRANCH FARMS, INC.

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or qualified 04/16/1987	3a. Date of last report 05/01/1994
4. FEI Number 59-2804430	
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Director Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under FS 199.002 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business % MARY K. WATERS 13600 SW 229TH ST. MIAMI FL 33170 US	2a. Mailing Address % MARY K. WATERS 13600 SW 229TH ST. MIAMI FL 33170 US
21. State Apt # etc	26. State Apt # etc
23. City & State	27. City & State
24. Zip	29. Zip

9. Name and Address of Current Registered Agent WATERS, MARY KATHLEEN 13600 S.W. 229TH STREET P.O. BOX 725 MIAMI FL 33170-7725	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
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11. I, the undersigned, the person who has been authorized by the Florida Statutes, the above named corporation, submits this statement for the purpose of changing its registered office as provided in part 1 of article 10 of the Florida Statutes. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of the corporation with effect from the date of filing of this statement with the Department of State, Florida Statutes.

12. Name and Address of Agent for Service of Process	13. Additional Changes to Officers and Directors
NAME WATERS, MARY KATHLEEN 13600 S.W. 229TH STREET MIAMI FL	1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP
NAME D BEHREND, BERNADETTE E. 13600 S.W. 229TH STREET MIAMI FL	6. NAME 7. STREET ADDRESS 8. CITY 9. STATE 10. ZIP
NAME	11. NAME 12. STREET ADDRESS 13. CITY 14. STATE 15. ZIP
NAME	16. NAME 17. STREET ADDRESS 18. CITY 19. STATE 20. ZIP
NAME	21. NAME 22. STREET ADDRESS 23. CITY 24. STATE 25. ZIP
NAME	26. NAME 27. STREET ADDRESS 28. CITY 29. STATE 30. ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and shows truthfully for the compliance stated in Section 119.07(1)(b) Florida Statutes. I further certify that the information supplied on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath by the person or persons in favor of the corporation or the person or persons empowered to make this report as required by Chapter 167, Florida Statutes, and that my name appears in Block 1 of Block 1 of changed records in the United States with an address.

SIGNATURE:

MARY K. WATERS

NOTARIAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-95

305 258-4144