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Jan 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # J71551 (2)

1. Corporation Name
FLORABAMA FARMS, INC.

Principal Place of Business
6404 MOBILE HWY
PENSACOLA FL 32526-1261

Mailing Address
6404 MOBILE HWY
PENSACOLA FL 32526-1261

3. Date Incorporated or Qualified: 05/06/1987
3a. Date of Last Report: 01/23/1996
4. FEI Number: 59-2842469 ☐ 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

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

9. Name and Address of Current Registered Agent
D'AMICO, TONY
8730 SCENIC HILLS DR
PENSACOLA FL 32514

10. Name and Address of New Registered Agent
81 Name: PAUL DAmico
82 Street Address (P.O. Box Number is Not Acceptable): 4201 MORELIA PLACE
83
84 City: PENSACOLA, FLA. FL 85 Zip Code: 32514

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: Paul Damico (NOTE: Registered Agent signature required when reinstating) DATE: 1-7-97

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	D'AMICO, TONY	
STREET ADDRESS	8730 SCENIC HILLS DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	☐ DELETE
NAME	D'AMICO, PAUL ANTHONY	
STREET ADDRESS	4201 MORELIA PL	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	S	☐ DELETE
NAME	DAMICO, DANIEL.	
STREET ADDRESS	8730 SCENIC HILLS DR	
CITY-ST-ZIP	PENSACOLA FL	
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		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: PAUL DAmico (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 1-7-97 Daytime Phone #: 904-944-6911