

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91028 012 ***158.75

DOCUMENT # J76241

1. Entity Name
LOCKE FARMS, INC.



Principal Place of Business
**7474 HIGHWAY 85 NORTH
LAUREL HILL, FL 32567 US**

Mailing Address
**7474 HIGHWAY 85 NORTH
LAUREL HILL, FL 32567 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2288313

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOCKE, CHARLES S
7474 HIGHWAY 85 NORTH
LAUREL HILL, FL 32567**

7. Name and Address of New Registered Agent

Name **OLIVE CLYDE LOCKE**

Street Address (P.O. Box Number is Not Acceptable)

3211 MAPLE STREET

City **CRESTVIEW**

FL

Zip Code **32539**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Olive Clyde Locke* VPD **OLIVE CLYDE LOCKE** **APRIL 21, 2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☒ Delete
NAME **LOCKE, CHARLES S.**
STREET ADDRESS **7474 HIGHWAY 85 NORTH**
CITY-ST-ZIP **LAUREL HILL, FL 32567**

TITLE **VPD** ☒ Delete
NAME **LOCKE, OLIVE C**
STREET ADDRESS **10 STILL POND DRIVE**
CITY-ST-ZIP **NEW FREEDOM, PA 17349**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **LOCKE, CHARLES S.**
STREET ADDRESS **7474 HIGHWAY 85 NORTH**
CITY-ST-ZIP **LAUREL HILL, FL 32567**

TITLE **VPD** ☒ Change ☐ Addition
NAME **LOCKE, OLIVE CLYDE**
STREET ADDRESS **3211 MAPLE STREET**
CITY-ST-ZIP **CRESTVIEW, FL 32539**

TITLE **ST** ☐ Change ☒ Addition
NAME **BENNETT, PATRICIA A**
STREET ADDRESS **232 OSCOLA COURT**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Olive Clyde Locke* VPD **OLIVE CLYDE LOCKE** **4-21-04 850 682 0393**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #