FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 MAY -1 AM 11:13

DOCUMENT # J83222 (6)

1. Corporation Name

GREEN FIELDS FARMS AND NURSERIES, INC.

Principal Place of Business: 11711 W. HWY 100, RURAL FLAGLER COUNTY, BUNNELL FL

Mailing Address: 11711 W. HWY 100, RURAL FLAGLER COUNTY, BUNNELL FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1987

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-2830330 — 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, 22 Suite, Apt #, etc., 23 City & State, 24 Zip, 25 Country)

2a. Mailing Address (26, 27 Suite, Apt #, etc., 28 City & State, 29 Zip, 30 Country)

9. Name and Address of Current Registered Agent

TRIVETT, SAMMIE D.
11711 W. HWY. 100
BUNNELL FL 32010

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 ______ DATE

12. OFFICERS AND DIRECTORS	
TITLE	VP
NAME	TRIVETT, SAMMIE D.
STREET ADDRESS	11711 W. HWY. 100
CITY-ST-ZIP	BUNNELL FL
TITLE	PST
NAME	TRIVETT, P. JACKSON
STREET ADDRESS	11711 W. HWY. 100
CITY-ST-ZIP	BUNNELL FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition — blank)

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)(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: P Jackson Trivett — 4-28-95 — 904-437-2051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0403249 IN