

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K19678

(7)

1. Corporation Name

ASH GROVE FARMS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
93 FEB -6 PM 4:23

Principal Place of Business

13680C YARMOUTH COURT
WELLINGTON FL 33414

Mailing Address

13680C YARMOUTH COURT
WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/28/1988

3a. Date of Last Report

01/28/1994

4. FEI Number

65-0041995

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 12788 Forest Hill Blvd.

Suite, Apt. #, etc.

22 Suite 2003

City & State

23 Wellington, Florida

Zip

24 33414

Country

25 Palm Beach

2a. Mailing Address

26 12788 Forest Hill Blvd.

Suite, Apt. #, etc.

27 Suite 2003

City & State

28 Wellington, Florida

Zip

29 33414

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

DUFRESNE, DONALD P.
13680C YARMOUTH COURT
WELLINGTON FL 33414-4730

10. Name and Address of New Registered Agent

81 Name

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

12788 Forest Hill Boulevard, #2003

83

84 City

Wellington

FL

85 Zip Code

33414

11. Pursuant to the provisions of Sections 607.0302 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 provisions of Sections 607.0302 and 607.1508, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent, and title, if applicable)

(NOTE: Registered Agent signature required when registered)

February 1, 1995

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DUFRESNE, DONALD P.
13680C YARMOUTH COURT
WELLINGTON FL

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

12788 Forest Hill Boulevard, Suite 2003
Wellington, Florida 33414

☐ Change

☐ Addition

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I do hereby certify that the information contained with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 checked or in an addition with an address.

SIGNATURE:

(Signature, typed or printed name of signing officer or director)

February 1, 1995 (407) 795-3700

(Date)

(Typed Name)