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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

K74983

(3)

DOCUMENT # K
1. Corporation Name
HERITAGE FARMS INC.

		Mailing Address				D 1941 OUDU BUDI	i diau diau di	
Principal Place of Business Mailing Address C/O THOMAS B. HOMRICH C/O THOMAS B. HOMRICH			NO.					
C/O THOMAS : 6594 PARK LAI		G/O THOMAS B. HUMP 6594 PARK LANE WES						
LAKE WORTH FL 33467		LAKE WORTH FL 33467		3. Date Incorporated or Qualified		of Last Rep		
					03/23/1989 4. FEI Number		. , , , 	oplied For
. Principal Plac	e of Business	2a. Mailing Address			65-0268459			ot Applicable
		26 Suite, Apt. #, etc.						Additional
Suite, Apt. #,	elc.	27			5. Certificate of Status Desired			equired
City & State		City & State			6. Election Campaign Financing	F1	\$5.00	May Be
		28			Trust Fund Contribution			to Fees
Zin	Country	Zıp	Country	•	8. This corporation has liability for	r intangible ta is	x under s	199.032,
· · · · · · · · · · · · · · · · · · ·	25	29	30		Florida Statutes Ye 10. Name and Address of New		Agent	
	9. Name and Address of Curre	nt Hegistered Agent	81	Name	TO. Harrie and Accided St. Marie			
			<u> </u>		O Co. Diselection No. Accorde			
HOMRICH, THOMAS B. 6594 PARK LANE WEST LAKE WORTH FL 33463			82		eet Address (P.O. Box Number is Not Acceptable)			
			83	 				
LAKE WC	MIN FL 33403		84	City		FL	85 Zip	Code
	75 557 057 057	O CO7 1E00 Florida Stobut	as the above.	named cornor	ration submits this statement for the p	urnose of ch	enging its re	egistered offic
				poration's boa	ration submits this statement for the part of directors. I hereby accept the ap	pointment as	registered	agent. I am
familiar with	, and accept the obligations of, Sec	ction 607.0505, Florida Statutes	h.					
BIGNATURE _	of the closed and	et and the it ancheable. (NC	TE: Registered Age	ent signature require	ad when renalating)	DATE		
S	ignature, typied or printed name of registered again	TO BOTTLE FOR I MADE C.	TE: Registered Age	ent signature require	od when renstating) ADDITIONS/CHANGES TO O	FFICERS AND		
12.	ignature, typicd or printed name of registered agor OFFICERS Af	nt and tille if applicable. (NO ND DIRECTORS		·····	od when renshiting! ADDITIONS/CHANGES TO OR	FFICERS AND	DIRECTO Change	RS IN 12
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR

1/12/96 Destrue Phone k