FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:57

DOCUMENT # L79664 (3)

1. Corporation Name

HIGHLAND FARMS OF POLK COUNTY, INC.

4548 LK. HANCOCK RD — Principal Place of Business
P.O. BOX 936 HIGHLAND CITY, FLA. 33846 — Mailing Address

% TOM ROGERS
P O BOX 936
HIGHLAND CITY FL 33846

% TOM ROGERS
P O BOX 936
HIGHLAND CITY FL 33846

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
06/12/1990	01/19/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: NOT APPLICABLE ☐ 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

9. Name and Address of Current Registered Agent

ROGERS, TOM
935 HICKS ROAD
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name: SAME AS CURRENT
82 Street Address (P.O. Box Number is Not Acceptable): 4740 LK. HANCOCK ROAD.
83
84 City: HIGHLAND CITY, FLA. FL 85 Zip Code: 33846

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: William T. Rogers — WILLIAM T ROGERS — 2-14-95
Signature, typed or printed name of registered agent and title, if any. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☑ Change ☐ Addition
NAME	ROGERS, TOM	1.2 NAME	ROGERS, TOM	
STREET ADDRESS	935 HICKS ROAD	1.3 STREET ADDRESS	4740 LK. HANCOCK RD.	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	~~LAKELAND~~ HIGHLAND CITY, FLA. 33846	
TITLE	D	2.1 TITLE	D	☑ Change ☐ Addition
NAME	ROGERS, SAGE	2.2 NAME	ROGERS, SAGE	
STREET ADDRESS	935 HICKS ROAD	2.3 STREET ADDRESS	4740 LK. HANCOCK LN.	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	HIGHLAND CITY, FLA. 33846	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: William T. Rogers — WILLIAM T. ROGERS — 2-14-95 — (813) 646-5787
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED ABOVE — Date — Daytime Phone #

0448362 FP