FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L95266

(7)

T & W PLANTATION FARMS, INC.

FILED								
May 08 1997 8:00am								
Secretary of State								

Principal Place of Business ROUTE 4 BOX 3200 FORT WHITE FL 32038 US		Mailing Address ROUTE 4 BOX 3200 FORT WHITE FL 32038-9688 US			I CARLINIC DIN COLO CILIA LINCO DILICO DIL	A MINIT MANUA	91911 BIBIL BIB	fit dinni iddi	
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· · · · · · · · · · · · · · · · · · ·					 Date Incorporated or Qualified 08/22/1990 	- 1	ate of Last /01/1996	•	
	lace of Businoss	2a. Mailing Address			4. FEI Number			Applied For	_
21		26			59-3012094			Not Applicable	<u>C</u>
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Foos		
Zip	Country Zip C		Count	ry	8. This corporation has liability for intangible tax under s. 199.032,				
24	25 29 30 9. Name and Address of Current Registered Agent		[30]		Florida Statutes Yes No 10. Name and Address of New Registered Agent				
		ir nedistelen Ydeur		1 Name	10, Name and Address of New H	egistered	Agent		\dashv
	Y, LS'01T0		۲	1 (Name					
	P GREG AVENUE E CITY FL 32025		8	2 Street Add	lress (P.O. Box Number is Not Accepta	ıble)			
LAN	E GIT FL 32025		Ē	3					
			_						
			8	4 City		FL	 65 71	ip Codo	ĺ
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	12 and 607,1508, Florida Statu of Florida Such change was	ites, the abo	ve-named cor by the corpora	poration submits this statement for the attion's board of directors. I heroby according			j its registered as registered	Ĩ
l	en lamiliar with, and accopt the oring	alions of, section 607,0505, r	ionua siatut	65.	•				ļ
SIGNATURE	Signature, typed or printed name of registered ago	ont and title if applicable (NO	Hegistered A	gent signature requ	ired when reinstating)	DATE			
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF	CERS AN		The state of the s	[§
TITLE	PD	☐ DELETE	1.1 1174				Change	e [_] Addition	n §
NAME	ROWLAND, LORI ANN	•	1,2 NAM	F					5
STREET ADDRESS	ROUTE 2, BOX 590		1	ET ADDRESS					اِلَا
CITY-ST-ZIP	FORT WHITE FL	DELETE		- \$1 - 21P			Change	e Addition	[è
TITLE	MD FLIOTAIC LI		2.1 101.0				L. J. Change	e [] Addillor	"
NAME OTREST ADDRESS	TANNER, EUGENE H.		2.2 NAM	Y					
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CITY-ST-ZIP TITLE	TSD TSD	DELETE	3.1 TITLE	·SI·ZIP			Change	e Addition	
NAME	TANNER, FRANCES ANN		3.2 NAM				0		¨ }
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NAME			6 2 NAM	E					
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CITY-ST-ZIP				· \$1 - 71F			····		
I 14 Idohere	by certify that the information cumpling	d with this filing doos not oug	ditu for the o	oteta noitemav	d in Section 119 07/3\(\text{i}) Florida Statut	on I furthe	or cortify th	of the	1

14. I do 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 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.
FRANCES ANN TANNER

SIGNATURE: 1 1/2

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914-752-6724