FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

95 MAY -1 PM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M29574 (4)

1. Corporate Name
BIRDS AND FRIENDS, INC.

Principal Place of Business
16000 NW 208TH ST
OKEECHOBEE FL 34972

Mailing Address
16000 N.W. 208TH ST
OKEECHOBEE FL 34972

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1986
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
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24 25

2a. Mailing Address
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29 30

4. FEI Number: 58-1327293 — 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. Does corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CONELY & CONELY, P.A.
207 N.W. SECOND AVENUE
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Section 607.0505 of the Florida Statutes, the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and the street address of the registered office and the name of the registered agent are as follows:

Signature

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VAUGHN, JOHN R., JR.
STREET ADDRESS	1222 "E" ROAD
CITY ST ZIP	LOXAHATCHEE FL
TITLE	D
NAME	REILLO, PAUL
STREET ADDRESS	1222 "E" ROAD
CITY ST ZIP	LOXAHATCHEE FL
TITLE	D
NAME	LIPPE, JEFF
STREET ADDRESS	1600 N.W. 208TH STREET
CITY ST ZIP	OKEECHOBEE FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

14. I hereby certify that the information supplied with this filing, and accompanying documents, has been examined by me and is true and correct. I further certify that the information contained in the annual report or supplemental annual report is true and complete 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 owner or trustee of a business organization to file the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereof with the title indicated.

SIGNATURE: 4/26/95 407 790 5864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Paul Reillo, Ph.D.

0383222 CP