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 -3 AM 9:17

DOCUMENT # M91788 (3)

1. Corporation Name
SUMMIT FARMS, INC.

Principal Place of Business
277 MAGNOLIA AVENUE SW
P.O. BOX 192
WINTER HAVEN FL 33882

Mailing Address
277 MAGNOLIA AVENUE SW
P.O. BOX 192
WINTER HAVEN FL 33882

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/29/1988
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21 2558 PARTRIDGE DR. SE.
22 P.O. BOX 901
City & State 23 WINTER HAVEN, FL.
Zip 24 33884 Country 25 USA

2a. Mailing Address
26 P.O. BOX 901
Suite, Apt. #, etc. 27
City & State 28 WINTER HAVEN, FL.
Zip 29 33882-0901 Country 30 USA

4. FEI Number: 59-2930957 — 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
DANTZLER, R. TODD
277 MAGNOLIA AVENUE, S.W.
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent
81 Name: R. TODD DANTZLER
82 Street Address (P.O. Box Number is Not Acceptable): 2558 PARTRIDGE DR. SE.
83 WINTER HAVEN, FL. 33884
84 City: FL 85 Zip Code

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: R. Todd Dantzler — 1-30-95
Signature, typed or printed name of registrant, and title if applicable. (NOTE: Registered Agent signature required when notarizing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	TODD, DANTZLER, R.
STREET ADDRESS	277 MAGNOLIA AVE S.W.
CITY-ST-ZIP	WINTER HAVEN FL
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	R. TODD DANTZLER
1.3 STREET ADDRESS	~~P.O. Bo~~ 2558 PARTRIDGE DR. SE
1.4 CITY-ST-ZIP	WINTER HAVEN, FL. 33884
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing, and paid for, is true and correct. I further certify that the information indicated on the 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 is added in Block 13 if an addition.

SIGNATURE: R. Todd Dantzler — 1-30-95 — 813 297-5583
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0318300 CP