2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M94887

Country

HUDSON, CALVIN H., M.D. 1820 BARRS ST., SUITE 510

JACKSONVILLE FL 32204

6. Name and Address of Current Registered Agent

1. Entity Name

APPLING FARMS, INC.

Principal Place of Business 4312 LAKE MAYERS RD BATLEY GA 31573

Suite, Apt. #, etc.

City & State

Zip

2. Principal Place of Business

Mailing Address

800 LOMAX ST STE 118

JACKSONVILLE FL 32204

3. Mailing Address

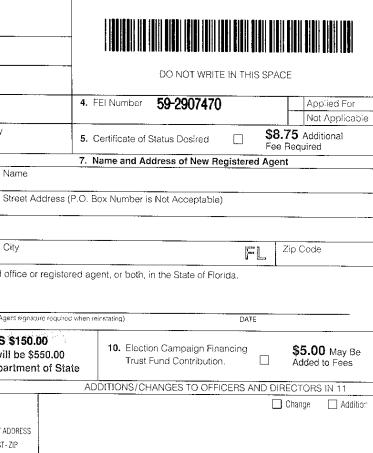
City & State

Zip

Suite, Apt. #, etc.

FILED Mar 01, 2001 8:00 am Secretary of State

03-01-2001 90028 007 ***150.00



			City		FL	Zip Code	
8. The above	named entity submits this statement for the	purpose of changing its re	gistered office or registere	d agent, or both, in the State of Florida.			
SIGNATURE _	Signature, typed or printed name of registered agent and t	t'e if app :cable. (NOTE: F	logistered Agent signature required v	when reinstating)	DATE		
		After MAY 1, 2001	FEE IS \$150.00 Fee will be \$550.00 to Department of State	10. Election Campaign Financin Trust Fund Contribution.	ng 🗆	\$5.0 (Added	May Be to Fees
11.	OFFICERS AND DIR	ECTORS	12,	ADDITIONS/CHANGES TO OFFICERS	S AND D	IRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, CALVIN H. 1820 BARRS ST. #510 JACKSONVILLE FL	☐ Delete	YITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Steeg, Pamela 4660 Ivanhoe Road Jacksonville FL 32210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			_ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ De!ete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			_] Change	Addition
13. I hereby of	certify that the information supplied with thi	s filing does not qualify for t	he exemption stated in Sec	ction 119.07(3)(i), Florida Statutes, I furth	nor certify	that the in	formation

Country

Name

indicated on this report or supplemental 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 11 or Block 12 in changed, or on an attachment with an address

CALVIN H. HUDSON, PRESIDENT 2/21/01