

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. McGehee, Secretary
DIVISION OF CORPORATIONS

DOCUMENT # N49741 (4)

1. Corporation Name
FARM SHARE, INC.

Principal Place of Business Mailing Address

**UNIT #12
STATE FARMERS MARKET
FLORIDA CITY FL 33034-3414
US**

**UNIT #12
STATE FARMERS MARKET
FLORIDA CITY FL 33034-3414
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/08/1992** 3a. Date of Last Report: **03/02/1994**

4. FEI Number: **65-0342192** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 2b. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip 29. Country 30. Country

9. Name and Address of Current Registered Agent

**MCGREGOR, KRISTIN R.
6981 SW 114TH ST
MIAMI FL 33176**

10. Name and Address of New Registered Agent

**Dave Friedrichs
27820 SW 160th St
Homestead, Florida**

85. Zip Code: **33030**

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: *Charles Hartz* DATE: _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRIEDRICHS, DAVE
STREET ADDRESS	27820 SW 160TH ST
CITY-ST-ZIP	HOMESTEAD FL
TITLE	D
NAME	MCGREGOR, KRISTIN
STREET ADDRESS	8981 SW 114TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	ROBBINS, PATRICIA
STREET ADDRESS	7763 SW 178 ST.
CITY-ST-ZIP	MIAMI FL
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	President V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Friedrichs, Dave	
1.3 STREET ADDRESS	27820 SW 160th St	
1.4 CITY-ST-ZIP	Homestead Fla 33030	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Charles Hartz	
2.3 STREET ADDRESS	25 Tahiti Beach Island	
2.4 CITY-ST-ZIP	Coral Gables Fla 33143	
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robbins Patricia	
3.3 STREET ADDRESS	7763 SW 178 St	
3.4 CITY-ST-ZIP	Miami Fla	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Patricia Robbins, V.P.* DATE: _____ 305-246-3276

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Daytime Phone #