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Mar 31 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004381 (7)

1. Corporation Name

VISION FARMS, INC.

Principal Place of Business

Mailing Address

6631 NW HIGHWAY 320
MCINTOSH FL 32664

P.O. BOX 154
MCINTOSH FL 32664-0154



3. Date Incorporated or Qualified
08/20/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

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

10. Name and Address of New Registered Agent

MEYER, ARLENE S
15600 S.W. 288 STREET
SUITE 201
HOMESTEAD FL 33033

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE

NAME MERRILL, DOT
STREET ADDRESS 9860 JAMAICA
CITY - ST - ZIP MIAMI FL 33189

1.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME DEWEESE, CONNIE
STREET ADDRESS 7822 SW 99 STREET
CITY - ST - ZIP MIAMI FL 33176

1.2 NAME ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME MEYER, ARLENE
STREET ADDRESS P.O. BOX 154
CITY - ST - ZIP MCINTOSH FL 32664

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME WILLIAMS, EARL
STREET ADDRESS 6520 KENDALE LAKES DRIVE
CITY - ST - ZIP MIAMI FL 33183

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SWEENEY, FRAN
STREET ADDRESS 3110 SW 2 AVE
CITY - ST - ZIP GAINESVILLE FL 32601

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SWART, JOHN
STREET ADDRESS 2508 CLERMONT STEET
CITY - ST - ZIP DENVER CO 80207

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Arleene S. Meyer* REQUIRED

3/20/97 (352) 591-4791

CR2E037 (9/96)