

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000079740

Entity Name: W.A. PIPPIN FARMS, INC.

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3536 N. NURSERY RD.  
ZOLFO SPRINGS, FL 33890

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 89  
ZOLFO SPRINGS, FL 33890

**New Mailing Address:**

3536 N. NURSERY RD.  
ZOLFO SPRINGS, FL 33890

FEI Number: 26-3338635

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

EVERS, KENNETH B  
424 W. MAIN ST.  
WAUCHULA, FL 33873 US

**Name and Address of New Registered Agent:**

PIPPIN, WILLIAM A  
3536 N NURSERY RD  
ZOLFO SPRINGS, FL 33890 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM A PIPPIN

02/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: PIPPIN, WILLIAM A  
Address: 3536 N. NURSERY RD.  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: VS  
Name: PIPPIN, GEORGE E JR.  
Address: 386 NORA RIDGE  
City-St-Zip: CATAWBA, SC 297048808

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM A PIPPIN

PRES

02/28/2012

Electronic Signature of Signing Officer or Director

Date