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 JAN 19 AM 9: 24

DOCUMENT # P09016 (7)

1. Corporation Name
ROSS HERITAGE FARMS, INC.

Principal Place of Business	Mailing Address
113 MAIN ST. BOX 428 LOGAN KS 67646	113 MAIN ST. BOX 428 LOGAN KS 67646

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: 02/07/1986
3a. Date of Last Report: 03/16/1994
4. FEI Number: 48-1012191 ☐ 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

REICH, JAMES T.
606 S.W. 3RD AVE.
OCALA FL 32670

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BAIRD, JAMES R	1.2 NAME	
STREET ADDRESS	RURAL RT. 2 BOX 11D	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOGAN KS	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	COPELAND, DEDRA A BAIRD	2.2 NAME	
STREET ADDRESS	307 E 6TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAYS KS	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	TETWILER, MARI M BAIRD	3.2 NAME	
STREET ADDRESS	509 E WEA	3.3 STREET ADDRESS	
CITY-ST-ZIP	PAOLA KS	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	HARTMAN, STACI L BAIRD	4.2 NAME	
STREET ADDRESS	JEFFERSON AND LOGAN	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOGAN KS	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	BAIRD, LELAND R	5.2 NAME	
STREET ADDRESS	BOX 428	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOGAN KS	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James R. Baird President — 1-10-95 — 913-689-7456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0490176 FN