

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32815 (3)
1. Corporation Name
~~APRIL FARMS CORPORATION~~
BROOKS & SONS CORPORATION (SEE ATTACHED)



Principal Place of Business
APRIL FARMS CORP
309 DEVILS GARDEN RD
LABELL FL 33935
US

Mailing Address
PO BOX 999
STE. 1
CAPTIVA FL 33924
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16910 Captiva Rd. Suite, Apt. #, etc. 22 City & State 23 Captiva, FL 24 Zip 33924 25 Country Lee	2a. Mailing Address 26 PO Box 69 Suite, Apt. #, etc. 27 City & State 28 Captiva, FL 29 Zip 33924 30 Country Lee	3. Date Incorporated or Qualified 02/14/1991 3a. Date of Last Report 02/07/1996 4. FEI Number 56-2092666 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent BROOKS, THOMAS W. PO BOX 999 PO BOX 69 STE ONE WOOTER LANE 16910 Captiva Rd. CAPTIVA FL 33924 Captiva, FL 33924	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKS, THOMAS P.O. BOX 999 CAPTIVA FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Brooks, Thomas PO Box 69 Captiva, FL 33924 N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROOKS, WILLIAM B. P.O. BOX 999 CAPTIVA FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VD Brooks, William B. 13192 Broadhurst Loop Ft. Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROOKS, ROBERT T. P.O. BOX 999 CAPTIVA FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Brooks, Robert T. PO Box 69 Captiva, FL 33924 N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800002271938 -08/20/97--01014--018 ***550.00 p4 8.18
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 941-472-3315

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

SIGNATURE SIGNATURE REQUIRED

CR2E034 (4/97)