FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P32945

(8)

RIVER FARMS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5320	P.O. BOX 5320
ENGLEWOOD FL 34224	ENGLEWOOD FL 34224



3a. Date of Last Report

04/26/1995

3. Date Incorporated or Qualified

02/26/1991

2.	Principal Pla	ce of Business	2a. Mailing Address	failing Address		4. FEI Number	Applied For		
21		26				62-0853407	Not Applicable		
	Suite, Apt. #, etc. Suite, Apt. #, etc					5. Certificate of Status Desired	\$8.75 Additional		
22			27				Fee Required		
L-,	City & State	— ·				6. Election Campaign Financing	\$5.00 May Be		
23	·		28			Trast rand Contribution	Added to Fees		
	Zip	Country	Zip	Countr	/	8. This corporation has liability for intangible tax under s 199.032,			
24		n Name and Address of Curre	nt Registered Agent	30		Florida Statutes Yes No 10. Name and Address of New Registered	Amont		
g. Name and Address of Current Registered Agent				81	Name	10. Name and Address of New Registered	Agent		
					82 Street Address (P.O. Box Number is Not Acceptable)				
!		AY HARBOR DR.,		83	 		· · · · · · · · · · · · · · · · · · ·		
	ENGLEWOOD FL 34224				1				
i				84	City	FL	85 Zip Code		
44	Purcuant to	the provisions of Sections 607 060	2 and 607 1509. Florida Statuta	e the shows	named same	· ·	s		
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									
	tamiliar with	n, and accept the obligations of, Sec	tion 607.0505, Florida Statutes.						
SIG	GNATURE _	Signature typed or printed name of registered ager	of and title if accilicable (NO)	E: Buo stered And	nt signature required	d when reinstating) DATE	* · · · e - 10 · · · · · · · · · · · · · · ·		
12			ND DIRECTORS	13.	ik signature requires	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12		
Till	LE T	CPD	☐ DELETE	1. 1 TITLE			Change Add tion		
NA!	ME .	SNIDER, A.J.	_	1.2 NAME		•	- ' -		
STF	REET ADDRESS	P.O. BOX 5320 N/A		1.3 STREE	ADDRESS				
TIC	Y ST-ZIP	ENGLEWOOD FL		1.4 CITY -			ì		
TITI		VST	☐ DELETE	2 1 TITLE		[Change Addition		
NA*	ME	SNIDER, PATRICIA A.		2.2 NAME					
STF	REET ADDRESS	P.O. BOX 5320 N/A		23 STREE	I ADDRESS				
CIT	Y-\$1-7IP	ENGLEWOOD FL		2.4 CiTY-	ST-ZIP				
7111	.f	D	☐ DELETE	3 1 TITLE		[Change Addition		
NAM	VE	SNIDER, PATRICIA A.		3.2 NAME					
STF	REFT ADDRESS	P.O. BOX 5320 N/A		3.3. STREE	33. STREET ADDRESS				
CIT	Y-ST-ZIP	ENGLEWOOD EL		3.4 CITY -	ST-ZIP				
11(1	LF		☐ DELE1E	4 1 TITLE			Change Addition		
NA!	VIE			4 2 NAME	-				
SIF	KEFT ADDRESS			43 STREE	ADDRESS				
CIT	Y - \$1 - ZIP	440		4.4 CiTY -	ST-ZIP				
1 111	,F		☐ DELETE 5		T		Change Addition		
NAM	VE	521		5 2 NAME					
STA	REFT ADDRESS	ADDRESS 535		53 STREE	ADDRESS				
CIT			54 CITY-	ST - ZIP					
1(1)	LF	DELETE 6 1		6 1 TITLE			Change Addition		
NAN	VE		6						
SIF	REHT ADORESS			63 STREE	ADDRESS				
	Y - ST - ZIF			64 CITY-					
		cortify that the information supplied	with this fil no is voluntarily furni			or the exemption stated in Section 119.07(3)(k). Fig.	vida Statutos I further		

rate hereby 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address.

SIGNATURE:

04-26-96 941-475-8551