

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 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 # **P40366**

(7)

1. Corporation Name
FARM PAL, INC.

Principal Place of Business

**17 DUNWOODY PARK
SUITE 107
ATLANTA GA 30338
US**

Mailing Address

**17 DUNWOODY PARK
SUITE 107
ATLANTA GA 30338-6715
US**



2. Principal Place of Business

21 **20 PERIMETER PK**

Suite, Apt. #, etc.
22 **STE 101**

City & State
23 **ATLANTA GA**

Zip
24 **30341**

Country
25 **DEKALB**

2a. Mailing Address

26 **20 PERIMETER PK**

Suite, Apt. #, etc.
27 **STE 101**

City & State
28 **ATLANTA GA**

Zip
29 **30341**

Country
30 **DEKALB**

3. Date Incorporated or Qualified

09/08/1992

3a. Date of Last Report

01/22/1996

4. FEI Number

NOT APPLICABLE

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 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 fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **WORKMAN, HOWARD B.**
STREET ADDRESS **17 DUNWOODY PARK #107**
CITY-ST-ZIP **ATLANTA GA**

TITLE **VST** ☐ DELETE

NAME **WORKMAN, HONEY**
STREET ADDRESS **17 DUNWOODY PARK, STE. 107**
CITY-ST-ZIP **ATLANTA GA**

TITLE **D** ☒ DELETE

NAME **FAGG, LISA K.**
STREET ADDRESS **17 DUNWOODY PARK, STE. 107**
CITY-ST-ZIP **ATLANTA GA**

TITLE **AS** ☐ DELETE

NAME **BLOCK, BRET L.**
STREET ADDRESS **2080 MOUNT PARAN RD, #108**
CITY-ST-ZIP **ATLANTA GA**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **20 PERIMETER PK #101**
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **20 PERIMETER PK #101**
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97

Date

770/455-4000

Daytime Phone #

0012178

CR2E034 (9/96)