

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Menthorn
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 29 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000010389 (4)

1. Corporation Name

OLDFIELD FARMS, INC.

Principal Place of Business

ROUTE 2, BOX 554
MICANOPY FL 32667

Mailing Address

ROUTE 2, BOX 554
MICANOPY FL 32667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3167688

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRESTON, JAMES F III
21958 NW 75TH AVE. RD
MCINTOSH FL 32664

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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
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STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
PRESTON, JAMES F III
ROUTE 2, BOX 554
MICANOPY FL 32667

D
PRESTON, SHARON W
ROUTE 2, BOX 554
MICANOPY FL 32667

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

904
466-0720