SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF, DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CORPORATION ANNUAL REPORT



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

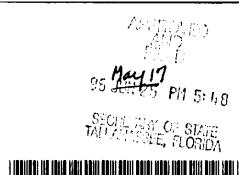
1996

**DOCUMENT #** 

P92000011647 (4)

## OLIVE BROTHERS FARM, INC.

Principal Place of Business Maling Address 5418 OLIVE RD. 5418 OLIVE ROAD BASCOM FL 32423 BASCOM FL 32423



3a. Date of Last Report

02/23/1995

3. Date Incorporated or Qualified

12/14/1992

2. Principal Place of Business		2a. Mailing Address		4. F&I Number	Applied For	
11		26			59-3155546	Not Applicable
Suite, Apt	#, etc	Suite, Apt #, e	etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State			6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
Zip 24	Country 25	Zip <b>29</b>	Gountry 30		8. This corporation has liability for in angible to Florida Statutes Yes	ax under si 199 032, No
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
OLIVE, CHARLES H				81 Name		
5418 OLIVE ROAD BASCOM FL 32423			[8	82 Street Address (P.O. Box Number is Not Acceptable)		
			1	13		
			Ī	4 City	FL	85 Zip Code
office or		tate of Florida. Such chang	e was authorized t	by the corpor	orporation submits this statement for the purpose of cleanings board of directors. Thereby accept the appoin	

SIGNATURE CATE (habita flegs, terest Agent signature in juried when reliast acre) Signature, typod or profestioun elutrogestered agent and she if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 11 THILE OLIVE, JOHNNY M 1.2 NAME NAME 5418 OLIVE ROAD 1.3 STREET ADDRESS STREET ADDRESS **BASCOM FL** CITY - ST - ZIP 1 4 CHTY - ST - ZIP DELETE Change Addition 21111116 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST - 7IP CITY-ST-ZIP TITLE DELETE 31 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZiP 3.4 CHY-SI-ZIP DELETE Change Addition 4 1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

In-hause 5 1 Change In-hause 5 1 Change CITY - ST - ZIP 14. Ho 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)(k). Florida Statutes 1 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

4.4 CHY - S7 - 71P

**5.3 STHEET ADDRESS** 5.4 CITY - ST. ZIP

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-S1-ZIP

TITLE

NAME

THE NAME

1 Les Olive Chades Olive
TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

6-8-94 205 192-9406