FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000000199 (8)**

1. Corporation Name
SCOTT BROS. FARMS, INC.

Principal Place of Business
4705 SLOEWOOD DR
MT DORA FL 32757

Mailing Address
4705 SLOEWOOD DR
MT DORA FL 32757

3. Date Incorporated or Qualified: **12/28/1992**	3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3187021**	☐ 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	

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

KEMP, E. DAVID
4705 SLOEWOOD DR
MT DORA FL 32757

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 Section 607.0502 and 607.1916, 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 _____ DATE

12. OFFICERS AND/OR DIRECTORS

TITLE	P	☐ DELETE
NAME	SCOTT, FRANK D III	
STREET ADDRESS	28121 TAMMI DRIVE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	V	☐ DELETE
NAME	SCOTT, HENSON MARK	
STREET ADDRESS	BEVERLY DRIVE	
CITY-ST-ZIP	ASTATULA FL	
TITLE	ST	☐ DELETE
NAME	SCOTT, CYNTHIA C	
STREET ADDRESS	28121 TAMMI DRIVE	
CITY-ST-ZIP	TAVARES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		
71 TITLE		☐ Change ☐ Addition
72 NAME		
73 STREET ADDRESS		
74 CITY-ST-ZIP		
81 TITLE		☐ Change ☐ Addition
82 NAME		
83 STREET ADDRESS		
84 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is true, complete, and accurate. 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 added to the report or is otherwise authorized.

SIGNATURE: _____ PRES 4/20/96 904-383-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)