FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUN 28 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000003880

1. Corporation Name: ~~Jadade~~ Joshua Farms, INC.

Principal Place of Business	Mailing Address
5019 80th Terr. S. Lake Worth, FL 33467	

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01-19-93
3a. Date of Last Report: 04-94

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 65-0375874	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25 USA	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Dean S. Keil 5019 80th Terrace S. Lake Worth, FL 33467	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] 6-19
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	☒ Change ☐ Addition
NAME	Dean S. Keil	12 NAME	
STREET ADDRESS	5019 80th terr S.	13 STREET ADDRESS	5019 80th Terrace S.
CITY-ST-ZIP	Lake Worth, FL 33467	14 CITY-ST-ZIP	Lake Worth, FL 33467
TITLE	Vice President	21 TITLE	☒ Change ☐ Addition
NAME	Donna Keil	22 NAME	
STREET ADDRESS	5019 80th terr S.	23 STREET ADDRESS	5019 80th Terrace S.
CITY-ST-ZIP	Lake Worth FL 33467	24 CITY-ST-ZIP	Lake Worth, FL 33467
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	500001526365
STREET ADDRESS		43 STREET ADDRESS	-06/29/95--01008--015
CITY-ST-ZIP		44 CITY-ST-ZIP	****225.00 ****225.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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)(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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6-19 407-965-4485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #