

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:45

DOCUMENT # P93000014676 (9)

1. Corporation Name

CIRCLE K FARM, INC.

Principal Place of Business

STATE RD. 326 AND U.S. HWY. 41
MORRISTON FL

Mailing Address

P.O. BOX 174
MORRISTON FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/25/1993

3a. Date of Last Report

06/29/1994

4. FEI Number

59-3164098

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$6.75 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.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

KLINGEL, WALTER C
NORTHWEST CORNER OF HWY 41 AND 326
MORRISTON FL 32668

10. Name and Address of New Registered Agent

81 Name

David J. Tattle, CPA

82 Street Address (P.O. Box Number is Not Acceptable)

8032 Bayshore Blvd

83

84 City

Dunedin, FL 33710

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 the date (signature required when mailing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KLINGEL, WALTER C SR.
STREET ADDRESS	S.R. 326 & HWY. 41
CITY - ST - ZIP	MORRISTON FL
TITLE	P
NAME	KIRKPATRICK, KENNETH
STREET ADDRESS	S.R. 326 & HWY. 41
CITY - ST - ZIP	MORRISTON FL
TITLE	ST
NAME	KIRKPATRICK, WENDY
STREET ADDRESS	S.R. 326 & HWY. 41
CITY - ST - ZIP	MORRISTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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:

W.C. Klingel Sr.

1-16-95 904-538-2241