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 # **P93000016529 (8)**

1. Corporation Name

C L A FARMS, INC.

Principal Place of Business	Mailing Address
13707 SE 49TH AVE. SUMMERFIELD FL 34491	13707 SE 49TH AVE. SUMMERFIELD FL 34491

3. Date Incorporated or Qualified: **03/01/1993**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business
21: 1231 NW 102nd Blvd.
22: Suite, Apt. #, etc.
23: City & State: Wildwood FL
24: Zip: 34785 25: Country: USA

2a. Mailing Address
26: 1231 N.W 102nd BLVD.
27: Suite, Apt. #, etc.
28: City & State: Wildwood, FL
29: Zip: 34785 30: Country: USA

4. FEI Number: **59-3169361** ☐ 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

9. Name and Address of Current Registered Agent

ARTMAN, ELISA
13707 SE 49TH AVE.
SUMMERFIELD FL

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): Artman, ELISA
83: 1231 NW. 102nd Blvd
84 City: Wildwood FL 85 Zip Code: 34785

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 of officer) (NOTE: Registered Agent's signature required when adding, changing or deleting) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	ARTMAN, CLARK		1.2 NAME	Artman, Clark	
STREET ADDRESS	13707 SE 49TH AVE.		1.3 STREET ADDRESS	1231 N.W. 102nd Blvd	
CITY-ST-ZIP	SUMMERFIELD FL 34491		1.4 CITY-ST-ZIP	Wildwood, FL 34785	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	ARTMAN, ELISA		2.2 NAME	Artman, ELISA	
STREET ADDRESS	13707 SE 49TH AVE.		2.3 STREET ADDRESS	1231 NW. 102nd BLVD	
CITY-ST-ZIP	SUMMERFIELD FL 34491		2.4 CITY-ST-ZIP	Wildwood, FL 34785	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Elisa Artman — 5/1/96 — (352) 748-3550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #