

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000033796 (2)**

1. Corporation Name

SEIGLER FARMS INCORPORATED



Principal Place of Business

Mailing Address

**2252 NORTHWEST 37TH PLACE
GAINESVILLE FL 32605**

**2252 NORTHWEST 37TH PLACE
GAINESVILLE FL 32605**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/07/1993

3a. Date of Last Report

09/21/1995

4. FEI Number

59-3160804

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. 193.032,
Florida Statutes ☐ Yes ☐ No

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 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

Lynn Graziano Secretary

5-1-96

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**P
SEXTON, MIKE
P. O. BOX 504 N/A
EARLETON FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V
GRAZIANO, MIKE
2252 NW 37TH PLACE
GAINESVILLE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**S
GRAZIANO, LYNN
2252 NW 37TH PLACE
GAINESVILLE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**T
SEXTON, DEBI
P. O. BOX 504 N/A
EARLETON FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

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)(k), 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:

Lynn Graziano **LYNN GRAZIANO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-1-96

Daytime Phone #

378-9544

CR2E034 (12/95)