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 MAY -1 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000039001 (1)**

1. Corporation Name
SHORT-NECK OSTRICH FARM, INC.

Principal Place of Business	Mailing Address
7619 YELLOW BLUFF ROAD PANAMA CITY FL 32404	7619 YELLOW BLUFF ROAD PANAMA CITY FL 32404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/28/1993
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 321 B JAMES ST	Suite, Apt. #, etc. 27 321 B JAMES ST
City & State 23 PANAMA CITY FL	City & State 28 PANAMA CITY FL
Zip / Country 24 32404 / 25 USA	Zip / Country 29 32404 / 30

4. FEI Number: 59-3199567 ☐ 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

SPEARMAN, ANTHONY
7619 YELLOW BLUFF ROAD
PANAMA CITY FL 32404

10. Name and Address of New Registered Agent

81 Name: ANTHONY C SPEARMAN
82 Street Address (P.O. Box Number is Not Acceptable): 321 B JAMES ST
83:
84 City: PANAMA CITY FL 85 Zip Code: 32404

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	SPEARMAN, ANTHONY D	12 NAME	SPEARMAN, ANTHONY C
STREET ADDRESS	7619 YELLOW BLUFF ROAD	13 STREET ADDRESS	321 B JAMES ST
CITY-ST-ZIP	PANAMA CITY FL	14 CITY-ST-ZIP	PANAMA CITY FL 32404
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	FREEMAN, GEORGE	22 NAME	
STREET ADDRESS	6343 ROAN STALL DAY LN	23 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	LANGHAUSER, DAVID	32 NAME	
STREET ADDRESS	306-D JAMES ST	33 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CORNEJO, DONALISA	42 NAME	
STREET ADDRESS	1504 E 13TH PLAZA	43 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	44 CITY-ST-ZIP	
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: _____ 26 APRIL 95 (904) 874 2824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030078 CP