

2-5-95-A-889-C
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
 ANNUAL REPORT
 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 FEB - 6 PM 3: 55

DOCUMENT # P93000039401 (3)

1. Corporation Name

FANCY FARMS SALES, INC.

Principal Place of Business

Mailing Address

1305 W. MARTIN LUTHER KING BLVD.
 PLANT CITY FL 33568

P.O. BOX 789
 PLANT CITY FL 33564

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified 06/03/1993 | 3a. Date of Last Report 04/25/1994 |
| 4. FEI Number 59-3185196 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip | Country |
| 24 | 25 |
| 29 | 30 |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROOMS, CARL R
 3838 FANCY FARMS RD.
 PLANT CITY FL 33566

| | |
|---|-------------------------|
| 81 Name | James A. Crocker |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 3607 Ralston Rd. |
| 83 | |
| 84 City | Plant City |
| 85 Zip Code | FL 33567 |

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 *James A. Crocker* **James A. Crocker, Secretary-Treasurer 2/1/95** DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|--|
| TITLE | DP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GROOMS, CARL R | 1.2 NAME | |
| STREET ADDRESS | 3838 FANCY FARMS RD. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | PLANT CITY FL | 1.4 CITY - ST - ZIP | |
| TITLE | DST | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CROCKER, JAMES | 2.2 NAME | James A. Crocker |
| STREET ADDRESS | 3805 NESMITH RD. | 2.3 STREET ADDRESS | 3607 Ralston Rd. |
| CITY - ST - ZIP | PLANT CITY FL | 2.4 CITY - ST - ZIP | Plant City, FL. 33567 |
| TITLE | DV | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GROOMS, DAVID | 3.2 NAME | |
| STREET ADDRESS | 3917 CASON RD. | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | PLANT CITY FL | 3.4 CITY - ST - ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GROOMS, DONNIE J | 4.2 NAME | |
| STREET ADDRESS | 3838 FANCY FARMS RD. | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | PLANT CITY FL 33566 | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 119.07(3)(b), Florida Statutes. I further certify that the information included 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. 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: *James A. Crocker* **James A. Crocker, Secretary-Treas. 2/1/95 813/757-0733**