

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
JENNIFER A. MATHIAS
Secretary of State
DIVISION OF CORPORATIONS

95 MAR -8 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000040436 (6)

1. Corporation Name
710 FARMS, INC.

Principal Place of Business Mailing Address
**25001 WARFIELD BLVD. P.O. BOX 1436
INDIANTOWN FL 34956 INDIANTOWN FL 34956**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/08/1993** 3a. Date of Last Report **02/28/1994**

4. FEI Number **59-3188487** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

| | | | |
|--------------------------------|------------------------------|---------------------|----------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 16213 STATE ROAD 7 | 26 16213 STATE ROAD 7 | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 SUITE 201 | 27 SUITE 201 | | |
| City & State | | City & State | |
| 23 DELRAY BEACH FL | 28 DELRAY BEACH FL | | |
| Zip | Country | Zip | Country |
| 24 33447 | 25 PALM BEACH | 29 33447 | 30 PALM BEACH |

9. Name and Address of Current Registered Agent

**NEILL, KENNETH L.
25801 WARFIELD BLVD.
INDIANTOWN FL 34956**

10. Name and Address of New Registered Agent

| | |
|---|---------------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 16213 STATE ROAD 7 |
| 83 | SUITE 201 |
| 84 City | DELRAY BEACH FL |
| 85 Zip Code | 33447 |

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 **KENNETH L. NEILL** *Kenneth L. Neill* **2/27/95**
(Signature based on printed name of registered agent, use this if applicable) (NOTE: Registered Agent signature is used when registering) DATE

12. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------------------------|
| TITLE | D |
| NAME | NEILL, KENNETH L |
| STREET ADDRESS | 3900 OAK HAMMOCK LANE |
| CITY - ST - ZIP | FT. PIERCE FL 34981 |
| TITLE | D |
| NAME | STANLEY, PATRICK W |
| STREET ADDRESS | 14337 COCO PLUM RD. |
| CITY - ST - ZIP | PALM BEACH GARDENS FL 33418 |
| TITLE | D |
| NAME | OVERTON, LARRY D |
| STREET ADDRESS | 15349 COLLECTING CANAL RD. |
| CITY - ST - ZIP | LOXAHATCHEE FL 33470 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 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)(b), Florida Statute. 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 007, Florida Statute; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **KENNETH L. NEILL** *Kenneth L. Neill* **2/27/95** **407-499-7093**
(Signature and typed on printed name of signing officer or director) (Title) (Phone/Fax #)