

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

DOCUMENT # P93000060779 (4)

1. Corporation Name

BLACK GOLD FARMS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**409 N.E. 1ST ST.
BELLE GLADE FL 33430**

Mailing Address

**409 N.E. 1ST ST.
BELLE GLADE FL 33430**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or chartered

08/26/1993

3b. Date of Last Report

08/10/1994

4. FET Number

65-0434171

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

6. This corporation has liability for intangible tax under § 199.032,

Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCNEILL, JAMES A
409 N.E. 1ST ST.
BELLE GLADE FL 33430**

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 607.1505, 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 of Registered Agent (Required for Change of Registered Agent Only)

Signature of Registered Agent (Required for Change of Registered Office Only)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D
2. NAME	MCNEILLA, J. SHANNON
3. STREET ADDRESS	1 N.E. AVE. "I"
4. CITY, ST., ZIP	BELLE GLADE FL 33430
5. TITLE	D
6. NAME	MCNEILL, JONATHAN S
7. STREET ADDRESS	5876 W. TENNESSEE ST., LOT 1
8. CITY, ST., ZIP	TALLAHASSEE FL 32304
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST., ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST., ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST., ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST., ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST., ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 related to Section 199.032, (b)(1), Florida Statutes. I further certify that the information included on this annual report or voluntary report is true and accurate and that my signature shall have the same legal effect as if made under oath. That this is officer or director of the corporation or the registered agent of the corporation to make this report as required by Chapter 607, Florida Statutes, and that my name appears in this filing as the registered agent or as an officer or director of the corporation.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95
Date