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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1	1996	DIVISION OF C	CORPORATIONS		
DOCUMENT # P9300075320 (0) G & G FARMS, INC.					
Principal Place	of Business	Mailing Address		I IO DI IODA AND PORTO PROPER BURNI DAN	
23401 SW 202 AVENUE		23401 SW 202 AVENUE			
HOMESTEAL	D FL 33031	HOMESTEAD FL 33031			-
				3. Date Incorporated or Qualified 10/25/1993	3a. Date of Last Report 06/23/1995
2. Principal Pla	ce of Business	2a, Mailing Address		4. FEI Number	Applied For
21 Suite, Apt. #	, etc.	26 Suite, Apt. #, etc.		65-0450411	Not Applicable S8.75 Additional
22	· · · · · · · · · · · · · · · · · · ·	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has tiability for in	Added to Fees
24	g. Name and Address of Current		30	Florida Statutes Yes	-
	9. Name and Address of Content	Registered Agent	81 Name	10. Name and Address of New Ro	egistered Agent
GAITHER, MITCHELL 82 Street Add			82 Street Addre	ess (P.O. Box Number is Not Acceptabl	e)
23401 SW 202 AVENUE				200 1 101 201 101 101 101 101 101 101 10	O;
HUMES	STEAD FL 33031		83		
			84 City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.0502 and agent, or both, in the State of Florida	and 607.1508, Florida Statutes	the above-named corpora	ation submits this statement for the purp d of directors. I hereby accept the appo	one of changing its registered office
familiar with	n, and accept the obligations of, Section	n 607.0505, Florida Statutes.	by the corporation of court	d or officerors. Thereby accept the appo	MITHERIT AS TEGISTEROV AGENT, LAIN
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable [NOT)	Registered Agent signature required	when renslating	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE NAME	GAITHER, MITCHELL	☐ DELETE	1 1 THTLE		Change Addition
STREET ADDRESS	23401 SW 202 AVENUE		1 2 NAME 1 3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33031		1 4 CITY - ST - ZIP		
THLF	\$	DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	Gaither, Wendy		2 2 NAME		- -
STREET ADDRESS	23401 SW 202 AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33031		2 4 CITY - ST - ZIP		
TITLE		□ DELETE	3. 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3 4 C(TY - S1 - ZIP 4. 1 TITLE		Change Addition
NAME:			4.2 NAME		☐ cuange ☐ ragation
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5. 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY- ST- ZIP		
TIFLE		☐ DELETE	. 6. 1 TITLE		Change Addition
NAME OXECCI ACORDOS			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIF 14. I do hereby	certify that the information supplied w	ith this filing is voluntarily furnish	64 CITY-ST-ZIP hed and does not qualify to	or the exemption stated in Section 119.0	07(3)(k), Florida Statutes, Lifurther

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: Y

SIGNATURE AND TYPED OR PRINTED

Morchey W. Garather

4/10/96

3052474841 Daylirre Phone # 3R2E034 (12/95)