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FILED

Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000075320 (0)

1. Corporation Name
G & G FARMS, INC.

Principal Place of Business
23401 SW 202 AVENUE
HOMESTEAD FL 33031

Mailing Address
23401 SW 202 AVENUE
HOMESTEAD FL 33031-1133



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

GAITHER, MITCHELL
23401 SW 202 AVENUE
HOMESTEAD FL 33031

3. Date Incorporated or Qualified

12/25/1993

3a. Date of Last Report

04/18/1996

4. FEI Number

65-0450411

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

10. Name and Address of New Registered Agent

1. Name

2. Street Address (P.O. Box Number is Not Acceptable)

3.

4. City

FL

85

Zip Code

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

Signer's type, do, printed name of registered agent, and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1

NAME
GAITHER, MITCHELL
STREET ADDRESS
23401 SW 202 AVENUE
CITY - ST - ZIP
HOMESTEAD FL 33031

1.2

1.3 STREET ADDRESS

1.4

1.5 ST - ZIP

TITLE ☐ DELETE

2.1

NAME
GAITHER, WENDY
STREET ADDRESS
23401 SW 202 AV
CITY - ST - ZIP
HOMESTEAD FL 33031

2.2

2.3 STREET ADDRESS

2.4

2.5 ST - ZIP

TITLE ☐ DELETE

3.1

NAME

3.2

STREET ADDRESS

3.3

3.4 STREET ADDRESS

CITY - ST - ZIP

3.5

3.6 ST - ZIP

TITLE ☐ DELETE

4.1

NAME

4.2

STREET ADDRESS

4.3

4.4 STREET ADDRESS

CITY - ST - ZIP

4.5

4.6 ST - ZIP

TITLE ☐ DELETE

5.1

NAME

5.2

STREET ADDRESS

5.3

5.4 STREET ADDRESS

CITY - ST - ZIP

5.5

5.6 ST - ZIP

TITLE ☐ DELETE

6.1

NAME

6.2

STREET ADDRESS

6.3

6.4 STREET ADDRESS

CITY - ST - ZIP

6.5

6.6 ST - ZIP

TITLE ☐ DELETE

7.1

NAME

7.2

STREET ADDRESS

7.3

7.4 STREET ADDRESS

CITY - ST - ZIP

7.5

7.6 ST - ZIP

TITLE ☐ DELETE

8.1

NAME

8.2

STREET ADDRESS

8.3

8.4 STREET ADDRESS

CITY - ST - ZIP

8.5

8.6 ST - ZIP

14. I do hereby certify that the information supplied with this filing 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 in an attachment with an address.

SIGNATURE

Mitchell Gaither
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-97

Date

2474841

Daytime Phone #

CR2E034 (9/96)