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**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P93000077443 (8) DOCUMENT #
1. Corporation Name

| ### Royal Place of Business  ### Royal Plant CITY FL 33566  ### PLANT CITY FL 33566  ### PLANT CITY FL 33564 0816 US  ### 33. Date incorporated or Qualified 11/08/1993  ### 11/08/1993  ### 11/08/1993  ### 11/08/1993  ### 25. Date incorporated or Qualified 11/08/1995  ### 11/08/1993  ## | A.S.A.F                     | P. FARMS, INC.   |                           |                                 | 10.000 10.000 10.000 10.000 10.000                 |   |
|--|-----------------------------|--|---------------------------|---------------------------------|--|---|
| ### CITY F1 33566   PLANT CITY F1 33566   PLANT CITY F1 335640m6   S.   Communication of Occasions   S.   Communication of Occasions   S.   Communication of Occasions   S.   Communication of Occasions   S.   S.   Communication of Occasions   S.   S.   S.   S.   S.   S.   S.   S   | Principal Place of Business |  | Mailing Address           |                                 |  | {   |
| Procedul Place of Euseness   2a. Musking Adultiess   1.088 (1982   Report   St.) (1983   1982   Report   1.088 (1982   Report   1.088 (   |                             |  | PLANT CITY FL :           | 13564-0816                      |  |   |
| Supplementary   Supplementar   |                             |  |                           |                                 | 11/08/1993   | ·   |
| Surface State   Surface    | · ·                         | ace of Business  | h                         | Š                               |  |   |
| 27   | 21                          |  |                           |                                 | APPLIED FOR 59                                     |   |
| City & State    Coty & State     28  |                             |  | F                         | ic.                             | 5. Certificate of Status Desired                   |   |
| 28   |                             |  | <del></del>               |                                 | & Flection Cognosion Europoine                     |   |
| Zep  | 23                          |  |                           |                                 | , ,  |   |
| Page      | <del></del> -               | Country  |                           | Country                         |  |   |
| 11. Pursuant to the provisions of Sections 807 0002 and 607 1508, floridal Statutes. His allows named components this statement for the purpose of changing is registered diffeour registered agent, or both, in the State of Fonda Stark change was authorized by the component of sections (P.D. Box Number is Not Acceptable).    11. Pursuant to the provisions of Sections 807 0002 and 607 1508, floridal Statutes, this allows named components statement for the purpose of changing is registered diffeour registered agent, or both, in the State of Fonda Stark change was authorized by the components of section of the purpose of changing is registered diffeour registered agent, and accept the obligations of Section 607 0506. That is allowed have the components of the purpose of changing is registered diffeour registered agent, and accept the obligations of Section 607 0506. That is allowed have the section of the purpose of changing is registered diffeour registered agent, and acceptable to the purpose of changing is registered diffeour registered agent, and acceptable to the purpose of changing is registered diffeour registered diffeour registered agent, and acceptable to the purpose of changing is registered diffeour registered    | 24                          | 25   | 29                        | 30                              |  |   |
| MEYAND, WILLIAM G   803 E. REYNOLDS ST.   PLANT CITY FL 33566   84   City   FL   85   7p Code  | ·                           | <ol><li>Name and Address of Curre</li></ol>              | nt Registered Agent       |                                 |  | Registered Agent  |
| B03 E. REYNOLDS ST.   PLANT CITY FL 33566   B3   |                             |  |                           | 81 Na                           | eine   |   |
| PLANT CITY FL 33566  |                             |  |                           | <b>82</b> Str                   | reet Address (P.O. Box Number is Not Accepta       | bie)  |
| 1. Pursuant to the provisions of Sections 607 0502 and 607.1508. Floridal Statutes, this above named corporation submits this statement for the provision of changing its registered office of requisitered signal, or both, in this State of Floridal Statutes. This above named corporation submits this statement for the provision of changing its registered office of remains within and accept the obligations of Section 607 0505. Floridal Statutes.    1.  |                             |  |                           |                                 |  |   |
| 1. Pursuant to the provisions of Sections 607 0502 and 607 1508, fixedia Statiotos, the above named corporation submits this statement for the purpose of Changing its registered agent, and accept the department as registered agent. I am registered agent, or both, in the State of Florida Such change was authorized by the our poration's board of directors. Thereby accept the appointment as registered agent. I am | PLANT C                     | OTY FL 33566   |                           | 83                              |  | į   |
| 11. Personnt to the provisions of Sections 607 6502 and 607 1508. Forcids Statutions, the above harmed corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Friends. Schic Acting was an interested by the conjunction's board of directors. Thereby accept the appointment as registered agent. Fam. SIGNATURE  |                             |  |                           | <b>84</b> Cit                   | ty   | 85 Zip Code   |
| Or registrated agent, or both, in this State of Honds Station Short churring was authorized by the corporation's hoard of directors. I herothy accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 637/6506 Product Stations.  SIGNATURE    Septimized the obligations of Section 637/6506 Product Stations.   18  | 11. Pursuant t              | o the provisions of Sections 607.050                     | 2 and 607 1508. Florida 9 | Statutas the shove name         | and consecution out mile this statement for the su |   |
| SIGNATURE  | or registeri                | eo agent, or both, in the State of Flor                  | ida. Such change was au   | thorized by the corporatio      | on's board of directors. Thereby accept the app    | prose of changing its registered office  <br>pointment as registered agent. Lan |
| 12.   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11.   TITLE     Change   Addition      |                             | n, and accept the obligations or, Sec                    | tion 607.0505 Florida St  | atutes.                         |  |   |
| 13.   ADDITIONS/CHANGES TO OFFICE RS AND DIRECTORS IN 12   TITLE   |                             | Signature, typied or prestrict number of registered appr | Janua ton Laurie arie     | (N. 11) Flodisteres April Saica | All the greature of which is reconstruction.       |   |
| NAME WEYAND, WILLIAM G STREEL ADDRESS 803 E. REYNOLDS ST. PLANT CITY FL 33566 14 CITY-ST-ZP NAME BECKHAM, HAROLD 22 NAME STREEL ADDRESS CITY-ST-ZP PLANT CITY FL 24 CITY-ST-ZP TITLE ST DELETE 31 TITLE ST DELETE 32 NAME STREEL ADDRESS CITY-ST-ZP PLANT CITY FL 33566 34 CITY-ST-ZP TITLE 42 NAME 42 NAME STREEL ADDRESS CITY-ST-ZP TITLE 43 STREEL ADDRESS CITY-ST-ZP TITLE 55 TITLE 56 CITY-ST-ZP TITLE 57 CITY-ST-ZP TITLE 58 CITY-ST-ZP TITLE 59 CITY- | 12.                         | OFFICERS AN  | ND DIRECTORS              |                                 |  |   |
| STREET ADDRESS   | TITLE                       | •  | ☐ DELETE                  | 1 1 TiTLE                       |  | Change Addition   |
| CITY ST-2P   | NAME                        |  |                           | 1.2 NAME                        |  |   |
| TITLE  | STREET ADDRESS              |  |                           | 1.3 STREET ADDRE                | ESS  |   |
| NAME   BECKHAM, HAROLD   22 NAME   |                             |  |                           |                                 |  |   |
| STREET ADDRESS   SOS E. REYNOLDS ST.   23 STREET ADDRESS   24 CITY-ST-ZIP  |                             | •••  | ☐ DEFETE                  | 2 1 TITLE                       |  | Change Addition   |
| CITY ST  |                             |  |                           |                                 |  |   |
| TITLE  |                             |  |                           |                                 | ESS  |   |
| NAME   CHISHOLM, MARTHA   32 NAME   33 SIRECT ADDRESS   803 E. REYNOLDS ST.   33 SIRECT ADDRESS   CITY - ST - ZIP   PLANT CITY FL 33566   34 CITY - ST - ZIP   |                             |  | C DOLOTE                  |                                 |  |   |
| STREET ADDRESS   SOB E. REYNOLDS ST.   33 STREET ADDRESS   34 CITY-ST-ZIP   PLANT CITY FL 33586   34 CITY-ST-ZIP   |                             |  |                           |                                 |  | Change Addition   |
| CITY ST-ZIP   PLANT CITY FL 33566   34 CITY ST-ZIP   |                             |  |                           | 4                               | Di CC  |   |
| TITLE  |                             |  |                           |                                 |  |   |
| NAME   |                             | TOWN ON THE GOOD   | DELETE                    |                                 |  | Change  |
| ### ##################################   | NAME                        |  | _                         |                                 |  |   |
| CTY - S1 - ZIP   | STREET ADDRESS              |  |                           | 4.3 STREET ADDRE                | ESS  |   |
| NAME   | C/TY - ST - ZIP             |  |                           |                                 |  | <b>,</b>  |
| STREET ADDRESS   | THILE                       |  | DELETE                    | 5 1 TITLE                       |  | Change Addition   |
| CITY-ST-ZIP  | NAME:                       |  |                           | 5.2 NAME                        |  |   |
| THLE         DELETE         6 1 THLF         Change         Addition           NAME         62 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CHY-ST-ZIP         6.4 CHY-ST-ZIP  | STREET ADDRESS              |  |                           | 5.3 STHEET ADDRE                | ESS  |   |
| NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           City-St-ZiP         6.4 City-St-ZiP  |                             |  |                           |                                 |  |   |
| STREET ADDRESS  CITY-ST-ZIP  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP   |                             |  | ☐ DELETE                  | 6 1 TIFLE                       |  | Change Addition   |
| CITY-ST-ZIP 64 CITY-ST-ZIP   |                             |  |                           | 6.2 NAME                        |  |   |
|  |                             |  |                           | € 3 STREEF ADDRE                | ESS  |   |
|  |                             | ontifu that the information are all of                   | . 161. 41.1. data = 1     | 6 4 CITY - ST - ZIF             |  |   |

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 ori an attachment with an address. SIGNATURE:

SIGNATURE and Typeo or PRINTED NAME OF SIGNATURE OF DIRECTOR

Daytine Phone #