

FILE NOW: FILING FEE AFTER MAY 1'S \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 22 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012727 (1)

1. Corporation Name

FARMER FRANK, INC.

Principal Place of Business

3104 FOREST DRIVE
LAKELAND FL 33811

Mailing Address

3104 FOREST DRIVE
LAKELAND FL 33811

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/14/1994

3a. Date of Last Report

NA

4. FEI Number

59-3234217

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, FRANK Y
3104 FOREST DRIVE
LAKELAND FL 33811

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 607.1508, 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

Signature, typed or 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 PD
NAME BAKER, FRANK Y
STREET ADDRESS 3104 FOREST DRIVE
CITY-ST-ZIP LAKELAND FL 33811

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD
BAKER, FRANK Y.
3104 FOREST DR
LAKELAND FL 33811
☐ Change ☐ Addition

TITLE VD
NAME RAWLS, ROBERT M
STREET ADDRESS POST OFFICE BOX 1625
CITY-ST-ZIP WAUCHULA FL 33873

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VD
RAWLS, ROBERT M
P.O. Box 1635
WAUCHULA FL 33873
NA
☐ Change ☐ Addition

TITLE ST
NAME NICHOLSON, JOHN
STREET ADDRESS ROUTE 1, BOX 19
CITY-ST-ZIP WAUCHULA FL 33873

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

ST
BAKER, FRANK Y.
3104 FOREST DR
LAKELAND FL 33811
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK Y. BAKER

Date

3-4-95 815-646-0387

Daytime Phone #