SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -1 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000017126 (1)**

1. Corporation Name
SAN VILLA FARMS, INC.

Principal Place of Business	Mailing Address
6001 OLEANDER AVENUE FORT PIERCE FL 34982	6001 OLEANDER AVENUE FORT PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1994
3a. Date of Last Report:

2. Principal Place of Business — 21: 6375 S US HWY-1
2a. Mailing Address — 26: 6375 S. US HWY-1
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23: PORT ST. LUCIE, FL.
City & State — 28: PORT ST. LUCIE, FL.
Zip — 24: 34952 Country — 25: ST. LUCIE
Zip — 29: 34952 Country — 30: ST. LUCIE

4. FEI Number: 65-0477665 ☐ 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

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D THOMAS, G C 6001 OLEANDER AVENUE FORT PIERCE FL 34982	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☑ Change ☐ Addition 6375 S. US HWY-1 PORT ST. LUCIE, FL 34952
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D SANDERS, MARY A 6001 OLEANDER AVENUE FORT PIERCE FL 34982	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☑ Change ☐ Addition 6375 S. US HWY-1 PORT ST. LUCIE, FL. 34952
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BENEMERITO, J Z 6001 OLEANDER AVENUE FORT PIERCE FL 34982	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☑ Change ☐ Addition 6375 S. US HWY-1 PORT ST. LUCIE, FL 34952
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BENEMERITO, MARIA S 6001 OLEANDER AVENUE FORT PIERCE FL 34982	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☑ Change ☐ Addition 6375 S. US HWY-1 PORT ST. LUCIE, FL 34952
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

CR2E034 (3/95)

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)(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 on an attachment with an address.

SIGNATURE: x Justino Z. Benemerito
JUSTINO Z. BENEMERITO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT

July 24, 1995 (407)468-2227
Date Daytime Phone #

0172044 FP