

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

**APPROVED AND FILED**

**95 MAR -1 PM 2:22**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P94000037408 (9)**

1. Corporation Name  
**VENABLE FARMS, INC.**

Principal Place of Business Mailing Address  
**205 SOUTH HOOVER BLVD. SUITE 403 TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/18/1994** 3a. Date of Last Report

4. FEI Number **59-3244433** 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 2a. Mailing Address

21 Suits, Apt. #, etc. 26 Suits, 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

**VENABLE, JOHN F  
205 S. HOOVER BOULEVARD  
SUITE 403  
TAMPA, FL 33609**

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 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (Type or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when retaining)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>
NAME	<b>VENABLE, CATHERINE M</b>
STREET ADDRESS	<b>205 S. HOOVER BLVD., STE. 403</b>
CITY-ST-ZIP	<b>TAMPA FL 33609</b>
TITLE	<b>ST</b>
NAME	<b>VENABLE, JOHN F</b>
STREET ADDRESS	<b>205 S. HOOVER BLVD., STE. 403</b>
CITY-ST-ZIP	<b>TAMPA FL 33609</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 I am not, or on an attachment with an address.

**SIGNATURE:**

*[Handwritten Signature]*

*1/3/95*

*(813) 291-1200*

TYPE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR