SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 30 PM 1:26

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DOCUMENT # P94000043280

1. Corporation Name

C.K. FARMS INC.

Principal Place of Business: 51 FIG TREE LANE, CRAWFORDVILLE, FL 32327

Mailing Address: SAME

3. Date Incorporated or Qualified: 06/09/94

3a. Date of Last Report: 04/12/95

2. Principal Place of Business — 21 — Suite Apt # etc — 22 — City & State — 23 — Zip — 24 — Country — 25

2a. Mailing Address — 26 — Suite Apt #, etc — 27 — City & State — 28 — Zip — 29 — Country — 30

4. FEI Number: 59-3248903 — 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

KENNETH M. KIRTON
51 FIG TREE LANE
CRAWFORDVILLE, FL 32327

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

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — [ ] DELETE
KENNETH M. KIRTON
51 FIG TREE LANE
CRAWFORDVILLE, FL 32327

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — [ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — [ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — [ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — [ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY, ST, ZIP — [ ] Change [ ] Addition

21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY, ST, ZIP — [ ] Change [ ] Addition

31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY, ST, ZIP — [ ] Change [ ] Addition

41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY, ST, ZIP — [ ] Change [ ] Addition

51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY, ST, ZIP — [ ] Change [ ] Addition

61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY, ST, ZIP — [ ] Change [ ] Addition

14. I do hereby certify that the information contained in this document is true and complete and does not qualify for the exemptions stated in Section 119.07(3)(ee), Florida Statutes. I further certify that the information contained in this document is true and complete and that my signature shall have the same force and effect as if made under oath. 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 above, or I am attorney or agent duly authorized.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)