

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 15 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000067350 (6)

1. Corporation Name

COUNTRY FARMS DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

1841 WEST OAK KNOLL CIRCLE
FORT LAUDERDALE FL 33324

1841 WEST OAK KNOLL CIRCLE
FORT LAUDERDALE FL 33324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/09/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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30

4. FEI Number

☒ 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

10. Name and Address of New Registered Agent

GILBERTSON, STEPHEN W CPA
2200 NE 26TH STREET
WILTON MANORS FL 33305

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 fee if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PSD

NAME

GAGLIANO, DONALD

STREET ADDRESS

1841 WEST OAK KNOLL CIRCLE

CITY - ST - ZIP

FORT LAUDERDALE FL 33324

TITLE

TD

NAME

GAGLIANO, PATRICIA A

STREET ADDRESS

1841 WEST OAK KNOLL CIRCLE

CITY - ST - ZIP

FORT LAUDERDALE FL 33324

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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)(A), 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 or in an attachment with an address.

SIGNATURE

(Signature typed or printed name of signing officer or director)

(Title)

(Signature Printed Name)