## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

**FILED** AMOUNT DUE ON OR BEFORE 9/17/87: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Sep 19 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P94000080778 (1) FARMLANDS, INC. Principal Place of Business Mailing Address 324 ROYAL PALM WAY PO BOX 2775 SUITE 300 PALM BEACH FL 33480-2775 DO NOT WRITE IN THIS SPACE PALM BEACH FL 33480 3. Date Incorporated or Qualified 3a. Date of Last Repor-11/03/1994 05/21/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0535885 Not Applicable Sulte, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country 7<sub>ip</sub> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 ☐ Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CALDWELL, MANLEY P JR 324 ROYAL PALM WAY 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 300** PALM BEACH FL 33480 83 84 City Zip Code 85 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 little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TOLE HAGER, LOUIS B JR 1.2 NAME NAME WOODLANDS LODGE **EOODLANDS LODGE** STREET ADDRESS 1.3 STREET ADDRESS **COOPERSTOWN NY** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change Addition 2.1 TITLE REGAN, ANDREW W NAME 2.2 NAME 599 LEXINGTON AVE. STREET ADDRESS 2 3 STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 2.4 CITY-ST-ZiP DELETE Change Addition TITLE 3.1 TITLE CALDWELL, MANLEY P., JR. NAME 3.2 NAME 324 ROYAL PALM WAY, STE. 300 STREET ADDRESS 3.3 STREET ADDRESS PALM BEACH FL 33480 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY~ST-ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

STREET ADDRESS

Andrew WiRegan

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

9/10/97

14. I do hereby certify that the information supplied with this filing 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 logal effect as if made under oath; that I am an officer or director of the conformation or tho 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 inchanged, or on an attachment with an address. (414) 848 -