

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000082733 (4)

1. Corporation Name

HEADBURY FARMS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 27 AM 10:32

Principal Place of Business

% RICHARD A FOCKE
702 NW 22ND ST
WILTON MANORS FL 33311

Mailing Address

% RICHARD A FOCKE
702 NW 22ND ST
WILTON MANORS FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1994

3a. Date of Last Report

2. Principal Place of Business

21 4101 HAY ROAD

2a. Mailing Address

26 27 CASTLE HARBOR ISLE

4. FEI Number

65-0538134

Applied For

Not Applicable

State, Apt #, etc.

State, Apt #, etc.

5. Certificate of Status Desired

\$9.75 Additional Fee Required

City & State

23 LUTZ FLORIDA

City & State

28 FT LAUDERDALE FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

24 33549 25 PASCO

Zip

Country

29 33308 30 BEOWARD

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KAYE & ROGER PA
1500 W CYPRESS CREEK RD
SUITE 207
FT LAUDERDALE FL 33309

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

(Signature must be printed name of registered agent, and the name also)

(Name of Registered Agent (signature required when registering))

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE D
2. NAME FOCKE, RICHARD A
3. STREET ADDRESS 732 NW 22ND ST
4. CITY, ST, ZIP WILTON MANORS FL 33311

1. TITLE D
2. NAME FOCKE, SUSAN W
3. STREET ADDRESS 702 NW 22ND ST 27
4. CITY, ST, ZIP WILTON MANORS FL 33311

1. TITLE D
2. NAME FOCKE
3. STREET ADDRESS
4. CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, PRESIDENT ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE D, SECRETARY, VICE PRES ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 27 CASTLE HARBOR ISLE

2.4 CITY, ST, ZIP FT LAUDERDALE FL 33308

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME FOCKE JR. HENRY R

3.3 STREET ADDRESS 27 CASTLE HARBOR ISLE

3.4 CITY, ST, ZIP FT LAUDERDALE FL 33308

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ 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 199.032(9)(b), Florida Statutes. I further certify that the information included 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:

Richard A Focke
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
RICHARD A FOCKE, PRESIDENT

3-20-95 (305) 561-3989
Date Telephone