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FILED
Jul 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000090865 (4)

1. Corporation Name
C.W. FARMS, INC.



Principal Place of Business

21039 FLETCHER ROAD
O'BRIEN FL 32071

Mailing Address

P O BOX 176
O'BRIEN FL 32071-0176
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

PETERSON, BUNA
116 SW 5TH STREET
JASPER FL 32052

3. Date Incorporated or Qualified

12/15/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3294875

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME PETERSON, BUNA
STREET ADDRESS P O BOX 1559
CITY-ST-ZIP JASPER FL

TITLE TSD ☐ DELETE

NAME ASCOUGH, JUDY
STREET ADDRESS P O BOX 176
CITY-ST-ZIP O'BRIEN FL

TITLE D ☐ DELETE

NAME PETERSON, THOMAS
STREET ADDRESS P O BOX 1559
CITY-ST-ZIP JASPER FL 32052

TITLE VD ☐ DELETE

NAME PETERSON, WILLIAM D.
STREET ADDRESS P.O. BOX 1559
CITY-ST-ZIP JASPER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS 116 SW 5th Street
1.4 CITY-ST-ZIP Jasper, FL 32052

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS 21039 Fletcher Rd
2.4 CITY-ST-ZIP O'Brien, FL 32071

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS N/A

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS N/A

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

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***550.00

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 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

Buna Peterson

Buna Peterson 792-3455

CR2E034 (9/96)