FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 AM 7:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000092452 (9)

1. Corporation Name
ELITE OSTRICH & EMU RANCH INC.

Principal Place of Business	Mailing Address
1000 EDISON AVE JACKSONVILLE FL 32204	1000 EDISON AVE JACKSONVILLE FL 32204

3. Date Incorporated or Qualified: 12/16/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3284933 ☐ 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

GRIFFIN, PATTY B
1000 EDISON AVE
JACKSONVILLE FL 32204

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRIFFIN, PATTY B
STREET ADDRESS	4900 SEABOARD AVE
CITY ST ZIP	JACKSONVILLE FL 32210
TITLE	D
NAME	SCHWARTZ, CATHY G
STREET ADDRESS	RT 2 BOX 396
CITY ST ZIP	HILLARD FL 32046

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	James D. Griffin JR	
1.3 STREET ADDRESS	1000 Edison AVE	
1.4 CITY ST ZIP	JAX FLA. 32210	
2.1 TITLE		☐ Change ☐ Addition

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 119.07(3)(k), 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: James D. Griffin Jr. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-25-95 Daytime Phone #: 7715662

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