FILED May 28, 2002 8:00 am

2002 Uniform Business Report (UBR)

DOCUMENT # P950(1. Entity Name L & D FARMS, INC.	00009374				tary 01 02 90464 007 *		
Principal Place of Business Mailing Address 18737 CRESENT ROAD 18737 CRESENT ROAD ODESSA FL 33568 ODESSA FL 33566					- 44		
Principal Place of Business 3. Mailing Address) ABSATA DE 110 (350) ATITA MATIA 987()	BAIRE MATTE BRICK SAFTAN ISH	1 1 35 11 0101 1001	
Suite, Apt. #, etc. Suite, Apt. #, etc				DO NOT WRITE IN THIS SPACE			
City & State	City & State			4. FEI Number Applied For 5 9 - 32 9 6 22 5 Not Applicable			-
Zip Country	Zip	Country	5.	Certificate of Status Desired	□ \$8.75 Ad		1
- 6. Name and Address of Current	Registered Agent	Na		Name and Address of New Reg		=	1
VAUGHN, LARRY G		Str	eet Address (P.O.	Box Number is Not Acceptable)		<u> </u>	
18737 CRESENT ROAD ODESSA FL 33566							1
		City	,		FL Zip Cox	ie .	1
8. The above named entity submits this statement for	r the curpose of changing its	registered offi	ce or registered a	gent, or both, in the State of Florid	da. ·		1
SIGNATURE Signature, typed of printed name of registered agent	augh	· Decistered Agent	signature required when		4-1.02		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00				T .	DATE	 	{
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 200 Make Check Payabi		2 Fee will b	I Trust Fund Contribution. 1.1 Add		O May Be d to Fees		
11. OFFICERS AND		12.	A	DDITIONS/CHANGES TO OFFICE			
NAME STREET ADDRESS CITY-ST-ZIP ODESSA FL 33568	☐ Delete	TITLE NAME STREET ADDR CITY-ST-2IP	ESS .	,	☐ Change	☐ Addition	CR2E034 (9/01)
TITLE V NAME VAUGHN, DIANE M STREET ADDRESS 18737 CRESENT ROAD ODESSA FL 33566	☐ Delete	TITLE NAME STREET ADDR	ESS		Change	☐ Addition	ဗိ
NAME SHOEMAKER, JOHN STREET ADDRESS CITY-ST-ZIP ODESSA FL 33566	: Oelete	TITLE NAME STREET ADDR	حسم دروری بالد ب		· Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delate	TITLE NAME STREET ADOR CITY-ST-ZIP	ESS		Change	☐ Addition	, .
TITLE NAME STREET ADDRESS CHY-ST-ZIP -	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS		☐ Change	☐ Addition	:
TITLE NAME STREET ADDRESS CITY- ST-ZIP	☐ Defeta	TITLE NAME . STREET ADOR	ESS .		Change	Addition	
13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emportanged, or on an attachment with an address, we SIGNATURE:	true and accurate and that my wered to execute this report a	y signature sh	all have the same	legal effect as if made under cath ida Statutes; and that my name ap	n; that I am an officer opears in Block 11 or 8/3 -	or director Block 12 if	