FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P95000032465 (3)**

1. Corporation Name

GAINESVILLE FARMS, INC.

Principal Place of Business	Mailing Address
~~5355 TOWN CENTER RD~~ RT. 4, BOX 120 ~~SUITE 801~~ ~~BOCA RATON FL 33486~~ ALACHUA, FL 32615	~~5355 TOWN CENTER RD~~ RT. 4, BOX 120 ~~SUITE 801~~ ~~BOCA RATON FL 33486~~ ALACHUA, FL 32615

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

3. Date Incorporated or Qualified: 04/25/1995
3a. Date of Last Report:
4. FEI Number: 59-3329915 ☐ 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

FRIEDMAN, ANDREW R
5355 TOWN CENTER RD
SUITE 801
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name: John Hume
82 Street Address (P.O. Box Number is Not Acceptable): 1401 University Dr. Ste 301
83
84 City: Coral Springs **FL** 85 Zip Code: 33071

11. Pursuant to the provisions of Sections 607.0501 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: 4-30-96
Signature, typed or printed name of registered agent (Required) (NOTE: Registered Agent's signature required when filing by mail)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD ☑ DELETE	1.1 TITLE	PSTD ☑ Change ☐ Addition
NAME	ABELLO, MARCELLO	1.2 NAME	John Hume
STREET ADDRESS	916 NE 62 ST	1.3 STREET ADDRESS	1401 University Dr. Ste 301
CITY-ST-ZIP	FT LAUDERDALE FL 33334	1.4 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 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	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: _____ 4/30/96 3057559880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John Hume

CR2E034 (12/95)