


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
FILED

1997 JUN 20 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000032465 (3)**

1. Corporation Name

GAINESVILLE FARMS, INC.

Principal Place of Business

**RT 4 BOX 120
ALACHUA FL 32615
US**

Mailing Address

**RT 4 BOX 120
ALACHUA FL 32615-9804
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

**HUME, JOHN
1401 UNIVERSITY DR SUITE 301
BOCA RATON FL 33486**

3. Date Incorporated or Qualified

04/25/1995

3a. Date of Last Report

01/09/1996

4. FEI Number

59-3329915

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

JOHN HUME

82. Street Address (P.O. Box Number is Not Acceptable)

1401 UNIVERSITY DRIVE SUITE 301

83.

CORAL SPRINGS, FLORIDA 33071

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☒ DELETE

NAME **HUME, JOHN**
STREET ADDRESS **1404 UNIVERSITY DR SUITE 301.**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 **President and Director** ☒ Change ☐ Addition

1.2 NAME **DANIEL FINOL**
1.3 STREET ADDRESS **1401 University Drive, Suite 301**
1.4 CITY-ST-ZIP **Coral Springs, Florida 33071**

2.1 TITLE **Vice-President and Director** ☒ Change ☐ Addition

2.2 NAME **JORGE JIMENEZ**
2.3 STREET ADDRESS **1401 University Drive, Suite 301**
2.4 CITY-ST-ZIP **Coral Springs, Florida 33071**

3.1 TITLE **Secretary/Treasurer and Director** ☒ Change ☐ Addition

3.2 NAME **JOHN HUME**
3.3 STREET ADDRESS **1401 University Drive, Suite 301**
3.4 CITY-ST-ZIP **Coral Springs, Florida 33071**

4.1 TITLE **Jorge Perez - Director** ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **1401 University Drive, Suite 301**
4.4 CITY-ST-ZIP **Coral Springs, Florida 33071**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME **200002220772--2**
5.3 STREET ADDRESS **-06/24/97--01007--001**
5.4 CITY-ST-ZIP *****550.00 ***550.00**

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 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-

SIGNATURE **Daniel Finol** President

CR2E034 (9/96)