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FILED

Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000045164 (7)

1. Corporation Name

RABON FARM SUPPLY, INC.

Principal Place of Business

US 19 SOUTH
MONTICELLO FL 32345

Mailing Address

PO BOX 267
MONTICELLO FL 32345-0267



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Rt 1 Box 256

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

3. Date Incorporated or Qualified

06/12/1995

3a. Date of Last Report

04/12/1996

4. FEI Number

59-3326456

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

9. Name and Address of Current Registered Agent

BILL RABON
U.S. 19 SOUTH
MONTICELLO FL 32344

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
RABON, WILLIAM L J
STREET ADDRESS PO BOX 267 N/A
CITY-ST-ZIP MONTICELLO FL 32345

TITLE ☐ DELETE

NAME VD
WILLIAM L. RABON III
STREET ADDRESS RT 4 BOX 4896
CITY-ST-ZIP MONTICELLO FL

TITLE ☐ DELETE

NAME VD
PHILIP H. RABON
STREET ADDRESS RT 4 BOX 4896
CITY-ST-ZIP MONTICELLO FL

TITLE ☐ DELETE

NAME SD
RABON, CARLENE
STREET ADDRESS PO BOX 267 N/A
CITY-ST-ZIP MONTICELLO FL 32345

TITLE ☐ DELETE

NAME TDSD
CHARLENE S. RABON
STREET ADDRESS RT 4 BOX 4896
CITY-ST-ZIP MONTICELLO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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Change

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Addition

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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] 2642 Box 267-346

CR2E034 (9/96)