FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT C STATE

Sandre B Morke in

Sandre B. Morle in Secultary of state

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000046277 (6)

DELAVIN FARMS, INC.

FILED May 01 1996 8:00 am Secretary of State

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Principal Place of Business 15606 W. HWY 329 REDDICK FL 32686		Mai	Mailing Address				1				
		15606 W. HWY 329 REDDICK FL 32686									
							3. Date Incorporated or Qualified 06/09/1995	3a. Date	of Las	t Report	
2. Principa! Plac	e of Business	2a.	Maling Address				4. FEI Number			Applied For	
21		26					<u> 59-3323011</u>	<u> </u>		Not Applicable	
Suite, Apt. #, etc.		F1	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		27	City & State				6. Election Campaign Financing			.00 May Be	
23		28					Trust Fund Contribution			dded to Fees	
Zip 24			Zip Country 30			8. This corporation has liability for Florida Statutes Yes	r intangible tax under sil 199.032, sil 🔲 No				
[4]	9. Name and Address of Currer		ered Agent				10. Name and Address of New	Registered	Agent		
		 ···			B1	Name					
MCATEER, DAVIN				Ī	B2	Street Add	address (P.O. Box Number is Not Acceptable)				
15606 W. HWY 329 REDDICK FL 32686					вз						
,				-	84	City		E I	85	Zip Code	
							oration submits this statement for the pure the account the accoun	<u> </u>		its assistanced office	
12.	greture, typed or protectinarie of rejetime togen OFFICERS AN		TORS	13.		it sagnatore rectar	ADDITIONS/CHANGES TO OF		DIFLE Cha		
TITLE	D		DELETE	1 1 111					L] Una	nge [] Addition	
NAME	MCATEER, DAVIN			1 2 NA							
STREET ADDRESS	15606 W. HWY 329					ADDRESS					
CITY-ST-ZIP	REDDICK FL 32686		☐ DELFTE	1 4 CIT 2 1 TIT		ST ZIP			Cha	nge Add tion	
TITLE	BLEECKER, DIANNE T		[] better	2 2 NA				,			
NAME	15606 W. HWY 329					LADDRESS					
STREET ADDRESS CITY-ST-ZIP	REDDICK FL 32686			2.4.C-T		l l					
TITLE			DECETE	317					☐ Cha	inge 🔲 Addition	
NAME				3.2 NA	ME						
STREET ADDRESS				3 3 \$1	HEE	: ADDRESS					
CITY - ST - ZIP						ST-ZIP				nns	
TITLE			DELETE	4 1 T					☐ Cha	ange 🗌 Addition	
NAME				4.2 NA							
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NAME				52 NA		F ADDRESS	-86/17/3681 ***200.00	JC4U.	じつび		
STREET ADDRESS						S1-ZIP	*** <u>ZUU.UU</u>				
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						ST-7iP				AE S	
CITY - ST - ZIP	1						f V Castina 11	0.07/2///A E	lorida (Statutos I further	

14. Too 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 Bioc. 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

too President 4/30/94

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