SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000053495 (4)

LAKE KERSEY FARMS, INC.

Principal Place of Business		Ma-ling Address	Mailing Address		T INDENINASI NIN INIAN DENIH ABANI BANIH BANIH BANUR B	
19815 HWY 52 LAND O LAKES FL 34639		19815 HWY 52 LAND O LAKES FL 34639				
					3. Date Incorporated or Qualified 3a. Date of Last Report 07/12/1995	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For	
Suite Apt #, etc		26			59-3323524 Not Applicable	
22 Suite, Apt	#, etc	Suite Apt #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing 5.00 May Be	
23	[28]				Trust Fund Contribution Added to Fees	
Zip	Country 25	Z ₁ p	Country 30		8. This corporation has liability for intangible tax under s. 199 032.	
24			10		Florida Statutes Yes Yes No 10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE			82	ļ	Name Street Address (P.O. Box Number is Not Acceptable)	
	RAL GABLES FL 33134				tress (F.O. Box Number is Not Acceptable)	
			83			
			84	City	FL 85 Zip Code	
11. Pursuant to office or reading agent. Lar	o the provisions of Sections 607.0 egistered agent, or hoth, in the Sta n familiar with, and accept the obl	02 and 607.1508, Florida Statutes, e of Florida Such change was aut gallons of Section 607.0505, Florid	the above horized by la Statutes	e-named corp the corporati	poration submits this statement for the purpose of changing its registered tion's board of oirectors. Thereby accept the appointment as registered	
SIGNATURE	Clarities hard president beautiful.	The state of the s				
12.	Signature: typed or protect have of registered a OFFICERS A	NO DIRECTORS	13.	erd signatine regar	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	DELETE	1 ! TITLE		Change Addition	
NAME	MCCABE, EILEEN		1.2 NAME			
STREET ADDRESS	19815 HWY 52		1 3 STHEE	T ADDRESS		
CITY - ST - ZIP	LAND O LAKES FL 34639		1.4 CHY -:	ST ZIP		
TITLE	D	DELETE	2 1 Trile		Change Addition	
NAME	Watson, W. L		2.2 NAME			
STREET ADDRESS	19815 HWY 52		2.3 STREE	LADDRESS		
CITY-ST-ZIP	LAND O LAKES FL 34639		2 4 CHY	ST - ZiP		
TITLE		DETELE	3 1 TitlE		Change Addition	
NAME STREET ADDRESS			3 2 NAME	1.46/20103		
CITY-ST-ZIP			3.3 STREE			
TITLE		DELETE	3.4 CITY -	21 - VIII	Change Addition	
NAME		Land 1777	4 2 NAME		Zhango [Add don	
STREET ADDRESS				LAUDHESS		
CITY - ST - ZiP			4.4 CHY - 3	l l		
TITLE		DELETE	5 1 1111.6		Change Add-tion	
NAME			5.2 NAME			
STREET ADDRESS			5 3 S*REE	ADDRESS		
CITY-ST-ZIP			5.4 C(Ty - !	ST - 21P		
THTLE		DELETE	6 1 THILE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	ADDRESS		
CITY-ST-ZIP	and the thirt the information and	and a feb think filter to the control of the	6 4 CITY - 5	ST- ZIP		
further cor	thy that the information suppli thy that the information indicated a	ea with this hing is valuntatily turni in this application of cusplanned	sned and	does not qua	tify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1	

further certify that the informal on 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 eath that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cilled Ma Colled SIGNATURE SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ELLEN MCLABC.

7/11/96 813-996-2912