

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000076927 (9)

1. Corporation Name

NEW SOUTH FARM & HOME, INC.



Principal Place of Business

2603 S.W. 17TH STREET, SUITE C
OCALA FL 34471

Mailing Address

2603 S.W. 17TH STREET, SUITE C
OCALA FL 34471

3. Date Incorporated or Qualified

10/02/1995

3a. Date of Last Report

2. Principal Place of Business

21 2603 S.E. 17th Street

Suite, Apt. #, etc.

22 Suite C

City & State

23 Ocala, Florida 34471

Zip

24 34471

Country

25 USA

2a. Mailing Address

26 2603 S.E. 17th Street

Suite, Apt. #, etc.

27 Suite C

City & State

28 Ocala, Florida 34471

Zip

29 34471

Country

30 USA

4. FEI Number

65-0639167

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

BERK, CHARLES E
411 N.E. 25TH AVENUE
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name

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

2603 S.E. 17th Street, Suite C

83

84 City

Ocala

FL

85 Zip Code
34471

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 (if not applicable)

(If Other Registered Agent is being registered when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BERK, CHARLES E
2603 S.W. 17TH STREET, SUITE C
OCALA FL 34471

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DVST
DYKES, JOHN R
411 N.E. 25TH AVENUE
OCALA FL 34471

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. TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
2603 S.E. 17th Street, Suite C
Ocala, Florida 34471

2. TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles E. Berk

4/10/96

Date

352-629-1155

Day/Even Phone #

CR2E034 (12/95)