

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

FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000081610 (4)

1. Corporation Name  
GOLDEN SKY FARMS, INC.



Principal Place of Business

8801 SURRY LANE  
BOCA RATON FL 33496

Mailing Address

8801 SURRY LANE  
BOCA RATON FL 33496-1227

3. Date Incorporated or Qualified  
10/23/1995

3a. Date of Last Report  
03/06/1996

2. Principal Place of Business

21 2901 Clint Mome Road  
Suite, Apt. #, etc.

2a. Mailing Address

26 2901 Clint Mome Road  
Suite, Apt. #, etc.

4. FEI Number  
65-0638696

Applied For  
☒ Not Applicable

22 339

27 339

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Boca Raton, FL

28 Boca Raton, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 33496

25 USA

29 33496

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LENTS, JOSEPH L  
8801 SURRY LANE  
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name Lents, Joseph L.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2901 CLINT MOME ROAD  
83 #339  
84 City Boca Raton, FL 85 Zip Code 33496

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 PD ☐ DELETE  
NAME LENTS, JOSEPH L  
STREET ADDRESS 8801 SURRY LANE  
CITY-ST-ZIP BOCA RATON FL 33496

TITLE S ☐ DELETE  
NAME LENTS, CHERYL B  
STREET ADDRESS 8801 SURRY LANE  
CITY-ST-ZIP BOCA RATON FL 33496

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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0340496

CR2E034 (9/96)