


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

APPROVED  
AND  
FILED

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97 MAY 23 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000092920

1. Corporation Name

Richland Farms, Inc.

1996-1997 Annual Report

Principal Place of Business

Mailing Address

10651 Beckum Rd.  
Dade City, FL 33525

10651 Beckum Rd.  
Dade City, FL 33525

3. Date Incorporated or Qualified  
**December 4, 1995**

3a. Date of Last Report

2. Principal Place of Business  
21 10651 Beckum Rd.

2a. Mailing Address

26 10651 Beckum Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 Dade City, Florida

27 City & State  
28 Dade City, Florida

Zip

Country

Zip

Country

24 33525

25 Pasco

29 33525

30 Pasco

4. FEI Number  
**593365081**

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

10. Name and Address of New Registered Agent

Henry Mathis  
10651 Beckum Rd.  
Dade City, FL 33525

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 type: *Handwritten* printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark E. Penix	1.2 NAME	Geneva Penix
STREET ADDRESS	10441 Backup Rd.	1.3 STREET ADDRESS	10441 Backup Rd.
CITY-ST-ZIP	Dade City, FL 33525	1.4 CITY-ST-ZIP	Dade City, FL 33525
TITLE	Pres./Dir. <input type="checkbox"/> DELETE	2.1 TITLE	Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Henry Mathis	2.2 NAME	Christopher K. Mathis
STREET ADDRESS	5605 Mathis St.	2.3 STREET ADDRESS	10651 Beckum Road
CITY-ST-ZIP	Zephyrhills, Florida 33540	2.4 CITY-ST-ZIP	Dade City, Florida 33525
TITLE	V.Pres./Sec./Treas./Dir. <input type="checkbox"/> DELETE	3.1 TITLE	Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margaret Mathis	3.2 NAME	Stanley P. Mathis
STREET ADDRESS	5605 Mathis St.	3.3 STREET ADDRESS	9036 23rd Street
CITY-ST-ZIP	Zephyrhills, Florida 33540	3.4 CITY-ST-ZIP	Zephyrhills, Florida 33540
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Gregory K. Mathis
STREET ADDRESS		4.3 STREET ADDRESS	9042 23rd Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Zephyrhills, Florida 33540
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, and I hereby certify that the information is dated 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 #

CR2E034 (9/96)

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**Richland Farms, Inc.  
10651 Beckum Road  
Dade City, Florida 33525  
Phone (352) 521-3737  
FAX (352) 521-6009**

May 12, 1997

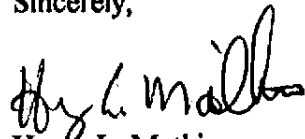
Department Of State

To Whom It May Concern:

This letter is to inform your department that we did not receive our copy of the Annual Corporate Report form. Per our conversation we have enclosed a check in the amount of \$365.00 to cover charges for this year and last year and the completed Annual Corporate Report form..

If you require any additional information please call this office at (352) 521-3737.

Sincerely,



Henry L. Mathis  
Chief Executive Officer