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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000010967 (3)

AMERICAN FARMS OF TAMPA, INC.

Principal Place of Business

Mailing Address

4041 MARITIME BLVD TAMPA FL 33605 4041 MARITIME BLVD TAMPA FL 33605-6849

FILED Feb 21 1997 8:00am Secretary of State



| TAMPA FL 336 | 305 | TAMPA FL 33605-6849 | | | | | |
|------------------------|---|---------------------------------|---------------------------|-----------------------|---|--|-----------------------|
| | | | | | 3. Date Incorporated or Qualified 02/05/1996 | 3a. Date of Last F | Report |
| 2. Principal Pi | lace of Business | 2a. Mailing Address | | | 4. FEI Number | I A | pplied For |
| 21 1890 | l Grange Hall Lp | 26 18901Gra | ngel | laller | 59-3358961 | N | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | U - | | 5. Certificate of Status Desired | | Additional equired |
| City & State | iia Florida | City & State | -lor | ida | Election Campaign Financing Trust Fund Contribution | | May Be to Fees |
| Zip | Country | Zip | Country | , | 8. This corporation has liability for I | ************************************** | **** |
| 24 335 | 47 25 | 29 33547 3 | 0 | | Florida Statutes | Yes No | |
| | 9. Name and Address of Current I | Registered Agent | | | 10. Name and Address of New Re | gistered Agent | : |
| GRE | ECO, FRANK J | | 61 | Name | • | | |
| 171 | 5 N WESTSHORE BLVD, SUITE 75 | 60 | 82 | Street Addre | ess (P.O. Box Number is Not Acceptab | le) | ····· |
| TAN | 1PA FL 33607 | | | | | | <u>.</u> |
| | | | 83 | | | | |
| | | | 84 | City | | FL 85 Zip | Code |
| 11. Pursuant I | to the provisions of Sections 607,0502 | and 607 1508. Florida Statutes | the shove | e-named corp | oration submits this statement for the o | urnose of changing | ts registered |
| l office or re | egistered agent, or both, in the State of m familiar with, and accept the obligation | Florida. Such change was auf | thorized by | / the corporati | on's board of directors. I hereby accep | ot the appointment as | registered |
| SIGNATURE | Signature, typod or printed name of registered agent a | and tide if applicable [NOTE: f | Registered Age | ant signature require | ad when reinstating) | DATE | |
| 12. | OFFICERS AND I | | 13. | | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTOR | 1S IN 12 |
| TITLE | D | ☐ DELETE | 1,1 TITLE | | | Change | ☐ Addition |
| NAME | ALDRIDGE, CARL M JR | | 1.2 NAME | | | | ļ |
| STREET ADDRESS | 4041 MARITIME BLVD | | 1.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | TAMPA FL 33605 | ····· | 1.4 CITY - S | T-ZIP | | | |
| TITLE | D | DELETE | 2.1 TITLE | | | Change | L Addition |
| NAME | GLOVER, ROBERT A | | 2.2 NAME | | | | |
| STREET ADORESS | 4041 MARITIME BLVD | | 2.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | TAMPA FL 33805 | Driver | 2. 4 CITY - | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | Change | Addition |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET | | | | |
| CITY-ST-ZIP | | DELETE | 3.4. CITY - | ST-ZIP | | Change | I I delicon |
| TITLE | | C DECEIE | 4.1 TITLE | | | ☐ Change | L Addition |
| NAME EXOCET ADORESE | | | 4. 2 NAME | +DDDCCC | | | |
| STREET ADORESS | | | 4.3 STREET | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.4 CITY - S 5.1 VITLE | 11-282 | | Change | Addition |
| NAME | | _ DECEIL | 8 | | | Lan Criange | AUGRIURI |
| l i | | | 5.2 NAME | ADDDECC | | | |
| STREET ADDRESS | | | 5.3 STREET | 1 | | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.4 CITY - S 6.1 TITLE | 11-ZIP | | Change | Addition |
| NAME | | been | | | | ("") Auguge | L. AUVIIION |
| STREET ADDRESS | | | 6.2 NAME | ADDDECC | | | |
| ľ | | | 6.3 STREET | | | | |
| CITY-ST-ZIP | | | 6.4 CITY - S | I - 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 in 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, or on an aftachment with an address.

SIGNATURE:

2-13-97

813-247-149