


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

FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
DOCUMENT # P96000011004 1. Corporation Name TARA FARMS, INC.																																																																																																																																																					
Principal Place of Business 699 Tara Farms Drive Middleburg, FL 32088			Mailing Address 699 Tara Farms Drive Middleburg, FL 32088																																																																																																																																																		
2. Principal Place of Business 21 12300 Arbor Drive State Apt #, etc. 22 City & State 23 Ponte Vedra Beach, FL Zip 24 32082		2a. Mailing Address 26 12300 Arbor Drive State Apt #, etc. 27 City & State 28 Ponte Vedra Beach, FL Zip 29 32082		3. Date Incorporated or Qualified 02/05/96 3a. Date of Last Report Non Applicable 4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																	
9. Name and Address of Current Registered Agent J. Keith M. Sands, Esquire 1551 Atlantic Blvd. Suite 200 Jacksonville, FL 32207			10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																																					
12. OFFICERS AND DIRECTORS																																																																																																																																																					
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 200002144402 -04/16/97--01004--007 ***165.00																																																																																																																																																					
14. I, the undersigned, 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 of this filing.																																																																																																																																																					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																																					

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