## **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 # P96000065392 (8)

**DEPURR FARMS & SERVICES, INC.** 

## FILED May 05 1997 8:00am Secretary of State



Principal Place of Business 2815 N.W. 33RD PLACE GAINESVILLE FL 32605		Mailing Address		a seatient iam emila Brill matth warnt dunie Milat Arem iters faria ifer a bill führ					
		2915 N.W. 33RD PLACE GAINESVILLE FL 32805-2101							
SHINEQVILLE F	F ARAM	OMINICOVILLE TE 32000	FEIVI			Ta	11		1
					3. Date Incorporated or Qualified 08/05/1996		e of Last F 1 <b>/A</b>	report	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For				
21		26			59-33 9 4 2 3 6 Not Applicable			_	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired	
City & State	9	City & State			6 Floation Compaign Floating		•		┨
23		28		Election Campaign Financing     Trust Fund Contribution			May Be to Fees		
Zip	Country	Zip			8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29	30		Florida Statutes Yes YNo				
	9. Name and Address of Cur	rrent Registered Agent		Ţ <del></del>	10. Name and Address of New Re	gistered A	ent		]
PAR	KER, DONOVAN		81	Name					1
2915	5 N.W. 33RD PLACE		82 Street Ad		ddress (P.O. Box Number is Not Acceptable)				1
GAII	NESVILLE FL 32605		-		·				-
			83						
-			84	City			<b>85</b> Zip	Code	
44 00000000	to the manufacture of Continue CO7	0500 and 007 4500 Flavide Ota	4 4 - 4			FL			_{-}
office or f	egistered agent, or both, in the S	tete of Torida. Such change wa	nuies, ine abov as authorized b	y the corp	corporation submits this statement for the poration's board of directors. I hereby acce	ot the appoi	nanging i Intment as	registered registered	1
	<i>11.</i> (/	blightights of, Section 607.0505,	Florida Statute	s.					
SIGNATURE	Signature, typed or printed harne of regulared	apert and life if sout cable (f	NOTE Registered Ag	ent sionature	required when reinstating)	DATE			
12.		AND DIRECTORS	18.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12	<u>اَوُ</u>
TITLE		DELETE	1.1 THTLE		D		Change	Addition	į
NAME			1.2 NAME		President MS. Joanne Honer			Λ	2
STREET ADDRESS			1.3 STREE	1 address	2601 NW 23rd Blvd	#116			Ì
CITY-ST-ZIP			1.4 Cily -	ST-2IP	-Gainesville, FL 3	COE			آؤ
TITLE		DELETE	2.1 TOLE	-			Change	L Addilion	١
NAME			2.2 NAME	ĺ					
STREET ADDRESS				T ADDRESS	:	£4.			
CITY-ST-ZIP TITLE		DELETE	2. 4 CHY- 3.1 THE	S1-ZIP			Change	Addition	-
NAME						L	change	L_J Adokton	
STREET ADDRESS			3.2 NAME	1 ADDRESS					
CITY-ST-ZIP	ı		3.4. CITY -						
TITLE		DELETE	4.1 TillE	31-2IF		Г	Change	Addition	1
NAME		<u></u>	4. 2 NAME			-	3*		
STREET ADDRESS				1 ADDRESS					
CITY-ST-ZIP			4.4 CITY -	i					
TITLE		DELETE	5.1 TITLE				Change	Addition	1
NAME			5.2 NAME						-
STREET ADDRESS			53STREE	I ADDRESS					
CITY-ST-ZIP			5.4 CITY	ST - ZIP				·	
TITLE		DELETE	61 1111.6				Change	Addition	
NAME			6.2 NAME	Ì					1
STREET ADDRESS			6 3 STREE	1 ADDRESS					
CITY-ST-ZIP			6.4 C(1)Y-						
<b>14. I do</b> heret	by certify that the information sup.	otica with this tilina doés not au	Jatity for the exi	emption st	ated in Section 119.07(3)(i). Florida Statute	<ol><li>I further o</li></ol>	certify that	.the	1

4. 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 eath; 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.

CICMATUDE.

Dore Miles Williams

4-29-97 (352)376-0206