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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000088067 (9)

المصطورية بتقائم ومهوطته يبيرنك فالليو للمثارين أداني الداري الأراك كالمتار البيار فيؤ

CENTRAL STATES FARMS, INC.

FILED Jan 31 1997 8:00am Secretary of State



Principal Place of Business	Mailing Address	Mailing Address 6711 VERONCIA COURT ST. AUGUSTINE FL 32066-7698			
6711 VERONCIA COURT ST. AUGUSTINE FL 32086					
			Date Incorporated or Qualified 10/24/1996	3a. Date of Last Report	
2. Principa: Place of Business 1 369 NIKOMAS W	2a. Mailing Address 1A4 26 369 NIKO	MAS WAY	4. FEI Number 391732486	Applied For Not Applicab	
1] 369 NIKOMAS WAY Sule, Apt #, etc 2] MELBOURNE BEACH, FL City & State n	Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional Fee Required	
City & State of The Thirty	City & State 28 MELBOURY	IF REAL F	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 132951 25 US	7 29 32951	Country 30 USA	8. This corporation has liability for i		
9. Name and Address of	Current Registered Agent		10. Name and Address of New Re	glatered Agent	
THIGPEN, MICHAEL		81 Name	MINHAEL THINGS	ار-	
6711 VERONCIA COURT ST. AUGUSTINE FL 32086		63	idress (P.D. Box Number is Not Accepted	iy (a.)	
		84 City	BOURNE BEACH	FI 85 Zip Code	
11. Pursuant to the provisions of Sections 6	07.0502 and 627 1508. Florida Statuti	tes, the above-named co	orporation submits this statement for the p	jurpose of changing its registere	
 Pursuant to the provisions of Sections 6t office or registered agent, or both, in the agent. I am famil ar ofth, and pooper the 	e State of Flands, Such change was a	authorized by the corpo	ration's board of directors. I hereby accep	ot the appointment as registered	
agent i am i amit a viin, and accept we	o conganicate or, section duritions, ric	unua siaiutes.			
- Alles Sull					
IGNATURE Signature typed or printed name of regist	Pred agont any for it applicable (NOT)	E: Registered Agent signature re	quired when reinstating)	DATE	
Signame, typed or printed name of regis-	official and the policial of the property of the policial of t	C Registered Agent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFIC		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF PLYING OFFICER OR DIRECTOR

15/97 407-727-012

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