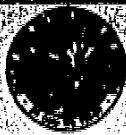


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 12 AM 8:59

DOCUMENT # S28569 (9)

1. Corporation Name
WETLANDS FARMS, INC.

Principal Place of Business
3535 N. COCOA BLVD.
COCOA FL 32926

Mailing Address
3535 N. COCOA BLVD.
COCOA FL 32926

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/30/1991** 3a. Date of Last Report **06/09/1994**

4. FEI Number **59-3047958** 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

7. This corporation has liability for intangible tax under S. 100.002, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 **4270 Overhill Drive**
Suite, Apt. #, etc.
22
City & State
23 **Merritt Island, FL**
Zip
24 **32952** 25 **Brevard**
26 **4270 Overhill Drive**
Suite, Apt. #, etc.
27
City & State
28 **Merritt Island, Florida**
Zip
29 **32952** 30 **Brevard**

9. Name and Address of Current Registered Agent

**MANN, BERNARD S.
3535 N. COCOA BLVD.
COCOA FL 32926**

10. Name and Address of New Registered Agent

81 Name **Mann, Bernard S.**
82 Street Address (P.O. Box Number is Not Acceptable)
4270 Overhill Drive
83 **Merritt Island**
84 City **Merritt Island** FL 85 Zip Code **32952**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	MANN, BERNARD S.
STREET ADDRESS	4270 OVERHILL DR
CITY - ST - ZIP	MERRITT ISLAND FL
TITLE	STD
NAME	NELSON, B.B.
STREET ADDRESS	3535 N. COCOA BLVD.
CITY - ST - ZIP	COCOA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: **Bernard S. Mann** **Bernard S. Mann** 4/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Month/Year