

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 4: 02

DOCUMENT # S54729 (6)

1. Corporation Name

J & N FARMS OF PLANT CITY, INC.

Principal Place of Business

**2412 N BETHLEHEM ROAD
PLANT CITY FL 33565**

Mailing Address

**2412 N BETHLEHEM ROAD
PLANT CITY FL 33565**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1991

3a. Date of Last Report

01/24/1994

2. Principal Place of Business

21

City, Apt. #, etc.

2a. Mailing Address

26

City, Apt. #, etc.

4. FEI Number

59-3066975

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**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

24

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

**ROBERTS, JAMES F
2412 N BETHLEHEM ROAD
PLANT CITY FL 33565**

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

James F. Roberts

James F. Roberts

1-12-95

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

(NOTE: Registered Agent caption required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

ROBERTS, JAMES F

STREET ADDRESS

2407 JIM JOHNSON RD

CITY - ST - ZIP

PLANT CITY FL

TITLE

D

NAME

ROBERTS, NONIE H

STREET ADDRESS

2407 JIM JOHNSON RD

CITY - ST - ZIP

PLANT CITY FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 119.07(2)(b), 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:

Gonie H. Roberts

Nonie H. Roberts

1-13-95 815986 76 58

(Signature and typed or printed name of signing officer or director)

(Date) (Filing Number)