

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

FILED

May 23 1997 8:00am
Secretary of State

*PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S79792** (5)

1. Corporation Name
BARFIELD FARMS, INC.



Principal Place of Business 837 EAST MAIN STREET IMMOKALEE FL 34142	Mailing Address P.O. BOX 3265 IMMOKALEE FL 34143-3265
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2. Principal Place of Business 21 1212 N. 15th St. Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/12/1991	3a. Date of Last Report 12/19/1996	
22 City & State Immokalee, FL		27 City & State		4. FEI Number 65-0285215	Applied For Not Applicable	
23 Zip 34142	Country	28 Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24		25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent BARFIELD, JAMES E 837 E. MAIN STREET IMMOKALEE FL 34142				10. Name and Address of New Registered Agent		

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	Cross Road
83	
84 City	Immokalee
85 Zip Code	FL 34142

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 E. BARFIELD** *James E. Barfield* 5-16-97
(Signature, typed or printed name of registered agent and title if applicable) (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARFIELD, JAMES FRED	1.2 NAME	
STREET ADDRESS	HIGHWAY 29 NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARFIELD, JAMES E.	2.2 NAME	
STREET ADDRESS	11730 OIL GRADE RD	2.3 STREET ADDRESS	CROSS ROAD
CITY-ST-ZIP	IMMOKALEE FL	2.4 CITY-ST-ZIP	Immokalee, FL 34142
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARFIELD, THOMAS W.	3.2 NAME	
STREET ADDRESS	HIGHWAY 29 NORTH	3.3 STREET ADDRESS	560 Fox Creek Drive
CITY-ST-ZIP	IMMOKALEE FL	3.4 CITY-ST-ZIP	Lehigh, FL 33936
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARFIELD, MARY ALICE	4.2 NAME	
STREET ADDRESS	HIGHWAY 29 NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: **James E. BARFIELD** *James E. Barfield* 5-16-97
(Signature and typed or printed name of signing officer or director) Date Daytime Phone # **0008506**

CR2E034 (9/96)