FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 8: 33

DOCUMENT # S85744 (8)

1. Corporation Name
EAST PARISH (FARM), CORP.

Principal Place of Business
303 S PINE ST
NEW SMYRNA BEACH FL 32169

Mailing Address
303 S PINE ST
NEW SMYRNA BEACH FL 32169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1991
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-3094147 — Applied For / Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

9. Name and Address of Current Registered Agent
PRATT, WILLIAM S.
303 S PINE ST
NEW SMYRNA BEACH FL 32169

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 ____________ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	PRATT, WILLIAM S	12 NAME	
STREET ADDRESS	303 S PINE ST	13 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	PRATT, WILLIAM S. II	22 NAME	
STREET ADDRESS	1802 E 9620 S	23 STREET ADDRESS	
CITY-ST-ZIP	SANDY UT	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	RIENSEMA, MARION P.	32 NAME	
STREET ADDRESS	306 LINCOLN AVE	33 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PRATT, MARGARET S	42 NAME	
STREET ADDRESS	303 S PINE ST	43 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	PRATT, EDWARD A.	52 NAME	
STREET ADDRESS	8 EAST HARTLAND RD	53 STREET ADDRESS	
CITY-ST-ZIP	GRANVILLE MA	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SWIATEK, KATHRYN L.	62 NAME	
STREET ADDRESS	1068 WESTERN AVE	63 STREET ADDRESS	
CITY-ST-ZIP	WESTFIELD MA	64 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(1)(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: William S. Pratt WILLIAM S. PRATT 1/12/95 904-428-9602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0012978 CP