

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

DEPARTMENT OF
REGISTERED AGENTS
1995



FLORIDA STATE
DEPARTMENT OF STATE
REGISTRATION
AND RECORDS
DIVISION

APPROVED

DOCUMENT # **S98197**

(4)

LIGHTFOOT FARMS, INC.

190 SHIPS WAY

KEY WEST FL 33043
US

POST-OFFICE-BOX-4195
KEY-WEST-FL-33041-4195
US

2. Name of Business

24. Mailing Address

21.

26. PO Box 421047

22.

State/Zip Code

23.

28. Summerland Key FL

24.

25. 29. 33042-10407 US

9. Name and Address of Current Registered Agent

ACKISS LUTHER S
190 SHIPS WAY
BIG PINE KEY FL 33043

3. Date Incorporated or Organized	36. Date of Last Report
12/05/1991	05/01/1994
4. Office Number	Applicable
65-0305216	Not Applicable
5. Corporation Status/Changes	\$8.75 Additional Fee Required
6. Electronic and Paper Filings and Draft and Final Versions	\$5.00 May Be Added to Fees
7. Other Special Tax or Filing Requirements	None
8. Date Initiated	None

10. Name and Address of New Registered Agent

81. Name	82. Street Address, P.O. Box, Post Office Box, or Post Office Box Number	83.	84. City	85. State/Zip
ACKISS LUTHER S	190 SHIPS WAY	BIG PINE KEY FL	Summerland Key	FL 33043

11. I, the undersigned, declare that the information contained in this document is true and accurate to the best of my knowledge and belief, and is being furnished for the purpose of filing an application for the incorporation, organization, or change of name of the entity identified above. I understand that any false statement or omission may result in the denial of the application or the revocation of the corporation or organization. I further declare that I am the registered agent for the entity identified above.

12. PD

ACKISS LUTHER S
190 SHIPS WAY
BIG PINE KEY FL

13. Address of Registered Agent	Address of Registered Agent	Address of Registered Agent	Address of Registered Agent
14. Name	15. Name	16. Name	17. Name
18. Name	19. Name	20. Name	21. Name
22. Name	23. Name	24. Name	25. Name
26. Name	27. Name	28. Name	29. Name
30. Name	31. Name	32. Name	33. Name
34. Name	35. Name	36. Name	37. Name
38. Name	39. Name	40. Name	41. Name
42. Name	43. Name	44. Name	45. Name
46. Name	47. Name	48. Name	49. Name
50. Name	51. Name	52. Name	53. Name
54. Name	55. Name	56. Name	57. Name
58. Name	59. Name	60. Name	61. Name
62. Name	63. Name	64. Name	65. Name
66. Name	67. Name	68. Name	69. Name
70. Name	71. Name	72. Name	73. Name
74. Name	75. Name	76. Name	77. Name
78. Name	79. Name	80. Name	81. Name
82. Name	83. Name	84. Name	85. Name

14. I declare under penalty of perjury that the information supplied with the filing is voluntarily, truthfully, and completely for the purposes stated in Article 12 of the Florida Statutes. I further declare that if any of the information or supplemental information reported herein is untrue and inaccurate, I shall have the same expunged from the records of the office of the Secretary of State for payment of the fee required by Chapter 409, Florida Statutes, and that any expense incurred in the removal of the record will be borne by me.

SIGNATURE:

Printed and Typed Name of Signing Officer or Director

Luther S. Ackiss

4/26/95

0117033 CP