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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

S98197 **DOCUMENT #** 

(4)

1. Corporation Name

LIGHTFOOT FARMS, INC.

Mailing Address Principal Place of Business



190 SHIPS WAY KEY WEST FL 33043 US	P O BOX 421047 Summerland Key Fl Us	33042-1047		-p.:
			3. Date Incorporated or Qualified 12/05/1991	3a. Date of Last Report 05/01/1995
2. Principal Place of Business 21 5160 Oversens Hwy	2a. Mailing Address		4. FEI Number 65-0305216	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City 8 State  23 Marathon FL	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zp Country 24 33050 25 U.S.A	Zip 29	Country 30	This corporation has liability for Florida Statutes      Yes	intangible tax under s. 199.032,
g. Name and Address of Current	Registered Agent		10. Name and Address of New F	legistered Agent
ACIZION LUTIUTO O		81 Name		
ACKISS LUTHER S 190 SHIPS WAY		82 Street A	ddress (P.O. Box Number is Not Acceptat	io)
BIG PINE KEY FL 33043		63	60 Overseas Hi	3mory
		84 City		<b>85</b> Zip Code
		W	arathon	FL   33050
<ol> <li>Pursuant to the provisions of Sections 607.0502 a or registered agent, or both, in the State of Florida familiar with, and accept the obligations of, Section</li> </ol>	. Such change was authorized	the above-named cor by the corporation's t	poration submits this statement for the puriously of directors. Thereby accept the app	rpose of changing its registered office of changing its registered agent. I am
SIGNATURE Signature, typod or printed name of registered agent are	discentaggereath, (NOTE	Bugstend Agent signer in re-	proof when reast dags	DATE
12. OFFICERS AND	· <del>···</del>	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE PO	DETELE	1. 1 THLE		Change Addition
NAME ACKISS LUTHER S		1.2 NAME		
STREET ADDRESS 190 SHIPS WAY		13 STREET ADDRESS	5160 Overseas Hi	<i>shnan</i>
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NAME		62 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
C:TY-ST-Z:P		64 CITY ST-ZIP		
14. I do hereby certify that the information supplied w	th this filing is voluntarily furnish	hed and does not qua	ry for the exemption stated in Section 119	.७७(उ)(k), Horida 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pcb 12 1996 305 745-9826