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

APPROVED AND FILED
95 APR 24 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V42031 (7)

1. Corporation Name
T. FARMAN, INC.

Principal Place of Business	Mailing Address
C/O DHIMANT PATEL 1178 HAVENDALE BLVD SPRING LAKE SQUARE WINTER HAVEN FL 33881	C/O DHIMANT PATEL 1178 HAVENDALE BLVD SPRING LAKE SQUARE WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/08/1992
3a. Date of Last Report: 04/06/1994

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

4. FEI Number: 59-3132691 ☐ 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

9. Name and Address of Current Registered Agent

PATEL, DHIMANT
1178 HAVENDALE BLVD
SPRING LAKE SQUARE
WINTER HAVEN FL 33881

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	PATEL, DHIMANT	12 NAME	PATEL, DHIMANT	
STREET ADDRESS	1178 HAVENDALE BLVD	13 STREET ADDRESS	1178 HAVENDALE BLVD	
CITY-ST-ZIP	WINTER HAVEN FL 33881	14 CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	~~PATEL, C.O.~~	22 NAME		
STREET ADDRESS	~~1178 HAVENDALE BLVD~~	23 STREET ADDRESS	RESIGNED AS DIRECTOR	
CITY-ST-ZIP	~~WINTER HAVEN FL 33881~~	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	~~PATEL, C.N.~~	32 NAME		
STREET ADDRESS	~~1178 HAVENDALE BLVD~~	33 STREET ADDRESS	RESIGNED AS DIRECTOR	
CITY-ST-ZIP	~~WINTER HAVEN FL 33881~~	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	SECRETARY/DIRECTOR	☐ Change ☐ Addition
NAME	PATEL, TERRY	42 NAME	PATEL, TERRY	
STREET ADDRESS	1178 HAVENDALE BLVD	43 STREET ADDRESS	1178 HAVENDALE BLVD	
CITY-ST-ZIP	WINTER HAVEN FL 33881	44 CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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(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: [signature] APRIL 15TH 95 813-299-6345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0440032 FP