

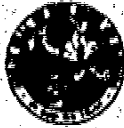
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V42031

(7)

1. Corporation Name

T. FARMAN, INC.

Principal Place of Business

C/O DHIMANT PATEL
1178 HAVENDALE BLVD SPRING LAKE SQUARE
WINTER HAVEN FL 33881

Mailing Address

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

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PATEL, DHIMANT
STREET ADDRESS	1178 HAVENDALE BLVD
CITY- ST- ZIP	WINTER HAVEN FL 33881
TITLE	D
NAME	PATEL, G.G.
STREET ADDRESS	1178 HAVENDALE BLVD
CITY- ST- ZIP	WINTER HAVEN FL 33881
TITLE	D
NAME	PATEL, G.H.
STREET ADDRESS	1178 HAVENDALE BLVD
CITY- ST- ZIP	WINTER HAVEN FL 33881
TITLE	D
NAME	PATEL, TERRY
STREET ADDRESS	1178 HAVENDALE BLVD
CITY- ST- ZIP	WINTER HAVEN FL 33881
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☐ Change ☐ Addition
1.2 NAME	PATEL, DHIMANT	
1.3 STREET ADDRESS	1178 HAVENDALE BLVD	
1.4 CITY- ST- ZIP	WINTER HAVEN FL 33881	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	RESIGNED AS DIRECTOR	
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME	RESIGNED AS DIRECTOR	
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE	SECRETARY / DIRECTOR	☐ Change ☐ Addition
4.2 NAME	PATEL, TERRY	
4.3 STREET ADDRESS	1178 HAVENDALE BLVD	
4.4 CITY- ST- ZIP	WINTER HAVEN FL 33881	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(3)(k), 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 AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 15TH 95

813-249-6345