

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V48786** (0)

1. Corporation Name:
THOMAS WEST ALLEN FARMS, INC.

Principal Place of Business:

**300 WEST PARK AVENUE
TALLAHASSEE FL 32301**

Mailing Address:

**P.O. BOX 10132
TALLAHASSEE FL 32302-2132**



2. Principal Place of Business:

21 **325 West Park Avenue**

Suite, Apt. #, etc.

22 City & State:

23 **Tallahassee, Florida**

Zip

24 **32301**

Country

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State:

28

Zip

29

Country

30

3. Date Incorporated or Qualified:

07/08/1992

3a. Date of Last Report:

08/29/1996

4. FEI Number:

59-3183952

Applied For:

Not Applicable

5. Certificate of Status Desired:

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing:

☐ \$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:

**HARPER, ROBERT AUGUSTUS JR
300 WEST PARK AVENUE
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent:

81 Name: **Harper Robert Augustus Jr.**

82 Street Address (P.O. Box Number is Not Acceptable):

325 West Park Avenue

83

84 City: **Tallahassee**

FL

85

Zip Code: **32301**

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]

(NOTE: Registered Agent signature required when reinstating)

02/27/97

DATE

12. OFFICERS AND DIRECTORS

TITLE: **ST** ☐ DELETE

NAME: **ALLEN, THOMAS W III**
STREET ADDRESS: **1807 SAGEWAY DR**
CITY- ST- ZIP: **TALLAHASSEE FL 32303**

TITLE: **PD** ☐ DELETE

NAME: **HARPER, ROBERT AUGUSTUS**
STREET ADDRESS: **300 W PARK AVE**
CITY- ST- ZIP: **TALLAHASSEE FL 32301**

TITLE: ☐ DELETE

NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY- ST- ZIP: ☐ DELETE

TITLE: ☐ DELETE

NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
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STREET ADDRESS: ☐ DELETE
CITY- ST- ZIP: ☐ DELETE

TITLE: ☐ DELETE

NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY- ST- ZIP: ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: ☐ Change ☐ Addition

1.2 NAME: ☐ Change ☐ Addition

1.3 STREET ADDRESS: ☐ Change ☐ Addition

1.4 CITY- ST- ZIP: ☐ Change ☐ Addition

2.1 TITLE: ☐ Change ☐ Addition

2.2 NAME: ☐ Change ☐ Addition

2.3 STREET ADDRESS: ☐ Change ☐ Addition

2.4 CITY- ST- ZIP: ☐ Change ☐ Addition

3.1 TITLE: ☐ Change ☐ Addition

3.2 NAME: ☐ Change ☐ Addition

3.3 STREET ADDRESS: ☐ Change ☐ Addition

3.4 CITY- ST- ZIP: ☐ Change ☐ Addition

4.1 TITLE: ☐ Change ☐ Addition

4.2 NAME: ☐ Change ☐ Addition

4.3 STREET ADDRESS: ☐ Change ☐ Addition

4.4 CITY- ST- ZIP: ☐ Change ☐ Addition

5.1 TITLE: ☐ Change ☐ Addition

5.2 NAME: ☐ Change ☐ Addition

5.3 STREET ADDRESS: ☐ Change ☐ Addition

5.4 CITY- ST- ZIP: ☐ Change ☐ Addition

6.1 TITLE: ☐ Change ☐ Addition

6.2 NAME: ☐ Change ☐ Addition

6.3 STREET ADDRESS: ☐ Change ☐ Addition

6.4 CITY- ST- ZIP: ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-97 904-224-5900

Date Daytime Phone #

CR2E034 (9/96)