

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 9:58

DOCUMENT # **V51793**

(0)

1. Corporation Name

THORNHILL FARMS, INC.

Principal Place of Business

Mailing Address

**3205 HOLLY HILL GROVE RD #3
DAVENPORT FL 33837
US****3205 HOLLY HILL GROVE RD. #3
DAVENPORT FL 33837
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/20/1992

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

99-3131713

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

**THORNHILL, ROSCOE JAMES
3205 HOLLY HILL GROVE ROAD 3
DAVENPORT FL 33837**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	THORNHILL, ROSCOE J.
STREET ADDRESS	3205 HOLLY HILL GROVE RD
CITY - ST - ZIP	DAVENPORT FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	D
NAME	THORNHILL, CAROL JEANE
STREET ADDRESS	3205 HOLLY HILL GROVE RD
CITY - ST - ZIP	DAVENPORT FL

2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	D
NAME	THORNHILL, ROSCOE W.
STREET ADDRESS	3215 HOLLY HILL GROVE RD
CITY - ST - ZIP	DAVENPORT FL

3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	D
NAME	THORNHILL, LOUISE S.
STREET ADDRESS	3215 HOLLY HILL GROVE RD
CITY - ST - ZIP	DAVENPORT FL

4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	D
NAME	THORNHILL, TIM
STREET ADDRESS	1810 SOUTH PATTERSON
CITY - ST - ZIP	VALDOSTA GA

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITL

NAME

STREET ADDRESS

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 resolver 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:

Jeanne Thornhill
Typed name and typed or printed name of signing officer or director
Jeanne Thornhill**2-17-95 (813) 424-1246**
Date (Daytime Phone #)