

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -6 AM 9: 36

DOCUMENT # V52558 (6)

1. Corporation Name

ROBERTS FARMS, INC.

Principal Place of Business

**P O BOX 3980
PLANT CITY FL 33564**

Mailing Address

**P O BOX 3980
PLANT CITY FL 33564**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/22/1992

3a. Date of Last Report

06/03/1994

4. FEI Number

65-0350988

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

6251 MUCK POND RD

6251 MUCK POND RD

City & State

City & State

23

28

SEFFNER, FL

SEFFNER, FL

Zip

Country

Zip

Country

24

29

33584

USA

33584

USA

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

10. Name and Address of New Registered Agent

**ROBERTS, THOMAS GRADY, II
6251 MUCK POND ROAD
SEFFNER FL 33584**

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

Thomas G. Roberts II
Signature, typed or printed name of registered agent and title if applicable

Thomas G. Roberts II
(NOTE: Registered Agent signature required when reappointing)

4/2/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBERTS, THOMAS G. I
STREET ADDRESS	6251 MUCK POND RD
CITY - ST - ZIP	SEFFNER FL
TITLE	ST
NAME	ROBERTS, JASON M.
STREET ADDRESS	22777 PENNY LOOP
CITY - ST - ZIP	LAND-O-LAKES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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 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:

Thomas G. Roberts II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas G. Roberts II

4/2/95

(813) 757-9400
TELEPHONE NUMBER