

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 549155

**Entity Name:** BOICE FARMS, INC.

**Current Principal Place of Business:**

100 SOUTH ORANGE AVE  
STE 500  
ORLANDO, FL 32801

**Current Mailing Address:**

PO BOX 349  
CHARLOTTESVILLE, VA 22902 US

**FEI Number:** 59-1772667

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DEAN MEAD SERVICES, LLC  
800 N. MAGNOLIA AVENUE, SUITE 1500  
ORLANDO, FL 32803 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title           PTD  
Name           PHILLIPS, AUBREY S  
Address        P.O. BOX 349  
City-State-Zip: CHARLOTTESVILLE VA 22902

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** AUBREY S PHILLIPS

PRES

04/06/2016

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date