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**Jan 31 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 # H17273 (4)

1. Corporation Name
MID-FLORIDA FARMS INC.



Principal Place of Business Mailing Address
**% JOHN MICHAEL TRAYNOR, ESQ.
28 CORDOVA ST
ST AUGUSTINE FL 32084** **% JOHN MICHAEL TRAYNOR, ESQ.
28 CORDOVA ST
ST AUGUSTINE FL 32084-3627**

3. Date Incorporated or Qualified 08/17/1984	3a. Date of Last Report 07/08/1996
4. FEI Number 59-2437125	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**TRAYNOR, JOHN MICHAEL, ESQ.
28 CORDOVA STREET
ST AUGUSTINE FL 32084**

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SARTORI, JAMES	
STREET ADDRESS	3100 N RIVERSIDE DRIVE	
CITY-ST-ZIP	INIALANTIC FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HUFF, WILLIAM C	
STREET ADDRESS	6990 SARTORI AVENUE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	PETERSON, CLEDIS	
STREET ADDRESS	PO BOX 86	
CITY-ST-ZIP	OSFORD WI	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	PETERSON, VERGIE	
STREET ADDRESS	PO BOX 86	
CITY-ST-ZIP	OSFORD WI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GARRETT, EUGENE T.	
STREET ADDRESS	6990 SARTORI AVE	
CITY-ST-ZIP	PALM BAY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *X William C. Huff* **William C. Huff** *X 1-17-97* **X 407-768-2697**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)