

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L33307 (4)**

1. Corporation Name  
**TAF FARMS, INC.**



Principal Place of Business: **R#1 BOX 56750 MYAKKA CITY FL 34251**  
Mailing Address: **R#1 BOX 56750 MYAKKA CITY FL 34251**

3. Date Incorporated or Qualified: **12/01/1989**  
3a. Date of Last Report: **05/25/1995**

2. Principal Place of Business: **35100 STATE ROAD 64 E**  
2a. Mailing Address: **35100 STATE ROAD 64 EAST**  
22. Suite, Apt. #, etc.:  
23. City & State: **MYAKKA CITY, FL**  
24. Zip: **34251** Country:  
25. Country:  
26. Suite, Apt. #, etc.:  
27. City & State: **MYAKKA CITY, FL**  
28. Zip: **34251** Country:  
29. Country:  
30. Country:

4. FET Number: **59-2996492**  
Applied For:  Applied For  Not Applicable  
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  
**BOGGS, DAVID M.  
215 MADISON STREET  
TAMPA FL 33602**

10. Name and Address of New Registered Agent  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable):  
83.  
84. City:  
85. Zip Code: **FL**

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 of David M. Boggs)  
NOTE: Registered Agent's signature required when resigning.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FALKNER, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>35100 STATE RD 64E</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MYAKKA CITY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FALKNER, THOMAS</b>	2.2 NAME	
STREET ADDRESS	<b>35100 STATE RD 64 EAST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MYAKKA CITY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VST</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WRIGHT, LINDA</b>	3.2 NAME	
STREET ADDRESS	<b>35100 ST RD 64 EAST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MYAKKA CITY FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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: *Linda Wright* **LINDA WRIGHT** 4-12-96 941-322-2016  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)