

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
CORPORATION REPORT
1995

DOCUMENT # P93000085744 (9)

A-1-A FARMS, INC.

APPROVED
AND
FILED

MAY 11 1995 9:37

REC'D
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|---------------------------------------|
| 2. Principal Office - City and State 72 SOUTHEAST AVENUE E BELLE GLADE FL 33430 | | 2a. Mailing Address P. O. BOX 820 BELLE GLADE FL 33430 US | | 3. Date of Incorporation (or Dissolved) 12/15/1993 | 3a. Date of Last Report 03/01/1994 |
| 21. Principal Office - State 22 | 26. Mailing Address - State 27 | 4. FIC Number 65-0465409 | | Applied or Not Applicable | |
| 23. City & State | 28. City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 24. City | 29. City | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 25. State | 30. State | 7. This Corporation has liability for filing fees for 1995 as follows: Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------------------------------------------|--------------|
| 9. Name and Address of Current Registered Agent THOMPSON, JOHN MARK 1465 N.W. AVE. L BELLE GLADE FL 33430 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81. Name | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83. City | |
| | | | | 84. City | 85. Zip Code |

11. Pursuant to the provisions of Sections 607.01(1) 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 Sections 607.01(1) and 607.1508, Florida Statutes.

SIGNATURE: _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 1. NAME | PSD THOMPSON, JOHN M | 1. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. STREET ADDRESS | 72 SOUTHEAST AVENUE E | 2. STREET ADDRESS | |
| 3. CITY | BELLE GLADE FL 33430 | 3. CITY | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. NAME | | 4. NAME | |
| 5. STREET ADDRESS | | 5. STREET ADDRESS | |
| 6. CITY | | 6. CITY | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 7. NAME | | 7. NAME | |
| 8. STREET ADDRESS | | 8. STREET ADDRESS | |
| 9. CITY | | 9. CITY | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | | 10. NAME | |
| 11. STREET ADDRESS | | 11. STREET ADDRESS | |
| 12. CITY | | 12. CITY | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. NAME | | 13. NAME | |
| 14. STREET ADDRESS | | 14. STREET ADDRESS | |
| 15. CITY | | 15. CITY | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I declare under penalty that the information supplied with this filing is voluntary, true and correct, and that my signature and the signature of the registered agent are required for the filing of this report as required by Chapter 207, Florida Statutes, and that my name appears in Block 13 of this report as required by Chapter 207, Florida Statutes, and that my name appears in Block 13 of this report as required by Chapter 207, Florida Statutes.

SIGNATURE: *John Mark Thompson* - John Mark Thompson 5/2/95 (407) 996-7641