

<b>SCC eFile</b>	<b>2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	216501661				
1.) CORPORATION NAME: <b>CARLTON FARMS, INC.</b>		DUE DATE: <b>1/31/2016</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>C. LEWIS WALTRIP II 213 INGRAM ROAD WILLIAMSBURG, VA</b>		SCC ID NO: <b>04216859</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>JAMES CITY COUNTY</b>		5.) STOCK INFORMATION <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,500
CLASS	AUTHORIZED					
COMMON	1,500					
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>						
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: P.O. BOX 5787  CITY/ST/ZIP: WILLIAMSBURG, VA 23188						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: C LEWIS WALTRIP II TITLE: OFF/DIR ADDRESS: PO BOX 3011 CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23187-3011		<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR				
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.						
/s/ C LEWIS WALTRIP II	C LEWIS WALTRIP II, OFF/DIR	1/6/2016				
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE				
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.						