

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0025455

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90034 037 \*\*\*150.00

DOCUMENT # **320371**

1. Corporation Name  
**VO-LASALLE FARMS INCORPORATED**



Principal Place of Business      Mailing Address  
601 JOHNSON LK RD      601 JOHNSON LK RD  
DELEON SPRGS FL 32130      DELEON SPRGS FL 32130

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
**08/25/1967**

4. FEI Number      Applied For  
**59-1214274**      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 owes the current year Intangible Personal Property Tax.       Yes       No

9. Name and Address of Current Registered Agent  
**CRUMP, SYLVIA S**  
**601 JOHNSON LK RD**  
**DELEON SPRGS FL 32130**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUMP, STEVE S.	1.2 NAME	
STREET ADDRESS	601 JOHNSON LK.RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELEON SPGS. FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUMP, SYLVIA S	2.2 NAME	
STREET ADDRESS	601 JOHNSON LK RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELEON SPRGS, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUMP, A BRUCE	3.2 NAME	
STREET ADDRESS	601 JOHNSON LK RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELEON SPRGS, FL 00000	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUMP, ROGER M.	4.2 NAME	
STREET ADDRESS	601 JOHNSON LK.RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELEON SPGS. FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: *Stephen J. Crump*      3/12/99      904-985-5200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (1/198)