

2001 UNIFORM BUSINESS REPORT (UBR)

07-06-0001 0001 010 ***150.00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 01 AUG 27 AM 9: 37

DOCUMENT # 389435			
1. Entity Name EDWARDS FARMS, INC.			
Principal Place of Business RT 3 BOX 350 MAYO FL 32066		Mailing Address RT 3 BOX 350 MAYO FL 32066	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1366133		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EDWARDS, ROBERT S 2815 HAMMOCK DR PLANT CITY FL 33587		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE <i>Hilda Jean Edwards</i>		DATE <i>7-13-01</i>	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDWARDS, HUGH M RT. 3 BOX 350 MAYO FL 32066	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition GRA-400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EDWARDS, HILDA JEAN RT 3 BOX 350 MAYO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition 500004586435-6 09/13/01-01010-018 ***400.00*** 08:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDWARDS, HILDA JEAN RT. 3 BOX 350 MAYO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDWARDS, HUGH M RT 3 BOX 350 MAYO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition SP
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Hilda Jean Edwards</i>		DATE: <i>7-13-01</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE AND TELEPHONE NUMBER	

CR2E034 (10/00)

Attachment 10747

Edwards Farm Inc.
Rt 3 Box 350
Mayo, FL 32066

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Edwards Farms, Inc.
Reference # 3894357

We recently had a change in accounting personally and just discovered that the Annual Report had not been filed. We have always filed our return on time and request that you abate this penalty.

We have also enclosed the signed copy of the Form as you requested.

Thank you for your help in this matter.

Sincerely,

Jean Edwards