

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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 536046 (6)
 1. Corporation Name
MCCROAN FARMS, INC.



Principal Place of Business HANNA TOWER RD RT 2 BOX 134 ALTHA FL 32421	Mailing Address HANNA TOWER RD RT 2 BOX 134 ALTHA FL 32421
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/31/1977	
21	26	4. FEI Number 59-1804154		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28	Zip		Country	
24	25	29	30		

9. Name and Address of Current Registered Agent
MCCROAN, GEORGIA B.
ROUTE 2 BOX 429
GRAND RIDGE FL 32442

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCROAN, GEORGIA	1.2 NAME	
STREET ADDRESS	ROUTE 2, BOX 486	1.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RIDGE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCROAN, KENNETH	2.2 NAME	
STREET ADDRESS	ROUTE 1 BOX 46B	2.3 STREET ADDRESS	
CITY-ST-ZIP	ELMORE, AL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCROAN, LEONARD JR	3.2 NAME	
STREET ADDRESS	ROUTE 2 BOX 40-A	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTHA FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYERS, PATRICIA A	4.2 NAME	
STREET ADDRESS	RT 2 BOX 134 HANNA TWR R	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTHA, FL 00000	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 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.

SIGNATURE: Patricia A. Ayers, Sec 1-12-98 850-762-8160

CR2E034 (10/97)