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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90029 020 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000006854**

1. Corporation Name

FARMLAND RESERVE, INC.

Principal Place of Business

% BOYD J. BLACK
50 EAST NORTH TEMPLE ST
SALT LAKE CITY UT 84150

Mailing Address

% BOYD J. BLACK
2WW
SALT LAKE CITY UT 84150
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 50 E. No. Temple St.	12/24/1997
22 City & State	27 2WW	4. FEI Number
23 Zip	28 City & State	APPLIED FOR 87-0569880
24 Country	29 Zip	Applied For
	30 Country	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

83

84 City Tallahassee FL 85 Zip Code 32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Geri Holman
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUST, JAMES E	1.2 NAME	
STREET ADDRESS	47 E. SOUTH TEMPLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT 84150	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, RICHARD G	2.2 NAME	
STREET ADDRESS	47 E. SOUTH TEMPLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT 84150	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, JEFFREY R	3.2 NAME	
STREET ADDRESS	47 E. SOUTH TEMPLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT 84150	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREER, JOHN W	4.2 NAME	
STREET ADDRESS	50 EAST NORTH TEMPLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT 84150	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUECKERT, THOMAS G	5.2 NAME	KEELER, KARL F.
STREET ADDRESS	50 EAST NORTH TEMPLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT 84150	5.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEELER, KARL F	6.2 NAME	RUECKERT, THOMAS G.
STREET ADDRESS	50 EAST NORTH TEMPLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT 84150	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 617, 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:

Geri Holman
Signature, typed or printed name of signing officer or director

4/26/99

213/022-7685-102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Boyd J. Black

1/27/99

801-240-6301

CR2E037 (11/98)