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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary . State DIVISION OF CORPORATIONS

H92545

(3)

UNCLE DONALD'S FARM, INC.

FILED May 21 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					I IDALDII DILA INKI BIRNI OHII OHII UNDI UNI DIOII	DINNI NINKE NINKE NINKE NENEE 1001
2713 GRIFFIN AVENUE		P.O. BOX 87				
LADY LAKE FL 32159		LADY LAKE FL 32158				
				DO NOT WRITE IN THIS SPACE		
					 Date Incorporated or Qualified 01/01/1986 	
9 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-2617863	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6, Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip Country		Zip	Zip Country		8. This corporation owes or has paid the	' '
24	25	29	30		Personal Property Tax due June 30.	Yes No
140	9. Name and Address of Curren	t Hegistered Agent		Name	10. Name and Address of New Register	ed Agent
MORRIS, JEANETTE E.				Name		
2713 GRIFFIN AVENUE			[8	Street Add	dress (P.O. Box Number is Not Acceptable)	
LAL	Y LA KE FL 32159		-	33		
1	•					
				City		85 Zip Code
11 Pursuant t	o the provisions of Sections 607 0502	2 and 607 1508. Florida Statuto	es the abo	ove-named co	rnoration submits this statement for the purgos	se of changing its registered
office or re	egistered agent, or both, in the State	of Horida. Such change was a	uthorized	by the corpora	ation's board of directors. I hereby accept the	appointment as registered
	ті і а тінат with, ало ассері те ортда	rions or, section 607.0505, nic	rida Statu	ies.		
SIGNATURE	Signature, typod or printed name of registered aget	cland (0o diapplicable) (NOT	Registered /	Agent signature req	uired when reinstating) DA	· .
12.	OFFICERS AND		13		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	OP	DELETE	1.1 TITL	F	DVP	Change Addition
NAME	MORRIS, DONNA L		1.2 NAN	AE.	The said The way)
STREET ADDRESS	P O BOX 87 GRIFFIN AVE		1.3 STR	EET ADDRESS	TO ARIS DOMNO	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
CITY-ST-ZIP	LADY LAKE FL				O713 Griffin Ave	Lady Lake Hospity
TITLE	DS	☐ DELETE	21 TITL	E		LJ/Change L Addition
NAME	MORRIS, JEANETTE E		2.2 NAN			
STREET ADDRESS	2713 GRIFFIN AVENUE		1	EET ADDRESS		
CITY-ST-ZIP	LADY LAKE FL 32158	DELETE		Y-ST-ZIP		Change Addition
TITLE	MORRIS, ELIZABETH	C) DECERE	3.1 TITL			The Citation
NAME OTDEET ADDRESS	2713 GRIFFIN AVENUE		3.2 NAM			
STREET ADDRESS	LADY LAKE FL 32158		H	EET ADDRESS Y-ST-ZIP		
CITY-ST-ZIP TITLE	BB: But re delico	☐ DELETE	4.1 TITL	· · · · · · · · · · · · · · · · · · ·		Change Addition
NAME		F	4. 2 NA	.c 1	Wanda Morris	ω_{ω}
STREET ADDRESS				EET ADDRESS	2713 Cariffin Au	, 0 \
CITY-ST-ZIP			1	'-\$1-ZIP	2713 GRIFFIN AV	\`\`\\`\\`\\`\\\\\\\\\\\\\\\\\\\\\\\\
TITLE		DELETE	5.1 TITU	<u> </u>	The second	Change Addition
NAME		-	5.2 NAM	1	-	
STREET ADDRESS			1	EET ADDRESS		
CITY-ST-ZIP			•	-SI-ZIP		
TITLE	.,,,	DELETE	61 THL			Change Addition
NAME			6.2 NAM	ie		
STREET ADDRESS			6.3 STRE	EET ADDRESS		
CITY-ST-ZIP			6.4 CiTY	- ST-ZIP		
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14. Thereby 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 eath; 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 13 if changed, or on an attachment with an address.

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