

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortharp Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H92545 (3)

1. Corporation Name
UNCLE DONALD'S FARM, INC.



Principal Place of Business 2713 GRIFFIN AVENUE LADY LAKE FL 32159	Mailing Address P.O. BOX 87 LADY LAKE FL 32158
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/01/1986	
4. FEI Number 59-2617863	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	30
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9. Name and Address of Current Registered Agent
**MORRIS, JEANETTE E.
 2713 GRIFFIN AVENUE
 LADY LAKE FL 32159**

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
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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 DP	<input type="checkbox"/> DELETE	1.1 TITLE D VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORRIS, DONNA L		1.2 NAME MORRIS, Donna L	
STREET ADDRESS P O BOX 87 GRIFFIN AVE		1.3 STREET ADDRESS 2713 Griffin Ave Lady Lake FL 32159	
CITY-ST-ZIP LADY LAKE FL		1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DS	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME MORRIS, JEANETTE E		2.2 NAME	
STREET ADDRESS 2713 GRIFFIN AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP LADY LAKE FL 32158		2.4 CITY-ST-ZIP	
TITLE DT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORRIS, ELIZABETH		3.2 NAME	
STREET ADDRESS 2713 GRIFFIN AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP LADY LAKE FL 32158		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE Wanda Morris DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS 2713 Griffin Ave	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Lady Lake FL 32159	
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.

SIGNATURE *Donna L Morris* Date *May 27 1998*

CF2E034 (10/97)