


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 03 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N93000001845 (7)
 1. Corporation Name
ADONIS FAMILY FARM, INC.



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|---|---|
| Principal Place of Business 2038 HENLEY PLACE FORT MYERS FL 33901 | Mailing Address 2038 HENLEY PLACE FORT MYERS FL 33901 |
|---|---|

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|---|---|
| 3. Date Incorporated or Qualified 04/23/1993 | |
| 4. FEI Number 65-0426715 | Applied For <input type="checkbox"/> Yes <input checked="" 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 | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

9. Name and Address of Current Registered Agent

BASHAW, RICHARD G
2038 HENLEY PLACE
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number Is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD BASHAW, RICHARD G 2038 HENLEY PLACE FORT MYERS FL | <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD ADAMS, HARRY G. 2625 SHRIVER DRIVE FORT MYERS FL | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VSD CULLEN, KATIE 1354 SIROCCO ST FT MYERS FL | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MICHAELS, BERT 13 CIRCLE DRIVE FORT MYERS FL | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP |

| | |
|--|--|
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | VSD MICHAELS, BERT 13 CIRCLE DRIVE FORT MYERS, FL 33908 |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | D BOCHETTE, L. D 2413 MCGREGOR BLVD FORT MYERS, FL 33901 |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | D CAMERON, BETH 111 N.E. 20th PL CAPE CORAL, FL 33909 |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | D BASHAW, MAUREEN 1456 LYNWOOD AVE. FORT MYERS, FL 33901 |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | D DOCKERY, SAM 11922 FAIRWAY LAKES DR FORT. MYERS, FL 33913 |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | D FOPPE, JANE 10170 MAIN DR. BONITA SPRINGS, FL 33923 |

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.

SIGNATURE: **RICHARD G. BASHAW** *Richard G. Bashaw* 1/6/98 (941) 332-5395

CR2E037 (10/97)