

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jan 20, 1999 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

01-20-1999 90020 040 \*\*\*\*\*70.00

DOCUMENT # N93000001845

1. Corporation Name  
 ADONIS FAMILY FARM, INC.

Principal Place of Business: 2038 HENLEY PLACE, FORT MYERS FL 33901  
 Mailing Address: 2038 HENLEY PLACE, FORT MYERS FL 33901



21	2. Principal Place of Business	26	2a. Mailing Address	3.	Date Incorporated or Qualified	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	4.	FEI Number	Applied For
22	City & State	27	City & State		65-0426715	Not Applicable
23	Zip	28	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	29	Country		<input checked="" type="checkbox"/>	
		30		6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BASHAW, RICHARD G 2038 HENLEY PLACE FORT MYERS FL 33901				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 1/4/99

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	BASHAW, RICHARD G	1.2 NAME	
STREET ADDRESS	2038 HENLEY PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, HARRY G.	2.2 NAME	
STREET ADDRESS	2625 SHRIVER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCHETTE, L D	3.2 NAME	
STREET ADDRESS	2413 MCGREGOR BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	3.4 CITY-ST-ZIP	
TITLE	VSD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAELS, BERT	4.2 NAME	
STREET ADDRESS	13 CIRCLE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33908	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERON, BETH	5.2 NAME	
STREET ADDRESS	111 NE 20TH PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33909	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOCKERY, SAM	6.2 NAME	
STREET ADDRESS	11922 FAIRWAY LAKES DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33913	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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 1/4/99 DAYTIME PHONE #: (941) 332-5395

CR2E037 (1/198)