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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000009444 1. Corporation Name

AVERILL FARMS INC

Princ	apai	Place	OI D	usiness
6954	S.W.	WISTE	ERIA	TERRACE

Mailing Address

## **FILED** May 01, 1999 8:00 am Secretary of State

05-01-1999 90084 048 \*\*\*150.00

6954 S.W. WIST PALM CITY FL		6954 S.W. WISTERIA TERRACE PALM CITY FL 34990			DO NOT WRITE IN TH	S SPACE	· · · · · ·
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				3. Date incorporated or Qualifed		
<u> </u>		2a. Mailing Address	<del></del>		02/03/1995 4. FEI Number		Applied For
<del>-</del>	ace of Business	<u>├</u> ─┐			65-0564168	<del>   </del>	Not Applicable
21		26 Suite Apt # etc			03-0304108	\$8.7	Additional
		27 Suite, Apt. #, etc.	Suite, Apt. #, etc.		LE Continue of Status Desired		Required
City & State	e	City & State			6. Election Campaign Financing	\$5.0	<b>0</b> May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country		Country		8. This corporation owes the current year !	ntangible 1	}
24	25	29	l		Personal Property Tax.	Yes	□No
<del></del>	9. Name and Address of Current		_ [_		10. Name and Address of New Registere	d Agent	
			81	Name			
DENTON, SYLVIA			82	Chroat Addre	ress (P.O. Box Number is Not Acceptable)		
6954	S.W. WISTERIA TERRACE		62	Street Addit	ess (F.O. Box Number is Not Acceptable)		
PALI	M CITY FL 34990		83				
						12-1-2	
			84	City	•	⊾  85   Z	ip Code
			104	J,	F		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	the above	named corn	peration submits this statement for the numose	of changing	its registered
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes, t Florida, Such change was autho	the above	named corn	peration submits this statement for the numose	of changing	its registered registered
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agent. I al SIGNATURE  12.  TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with and accept the obligation of printed name of agent of OFFICERS AND DENTON, STUART 6954 S.W. WISTERIA TERRACE	ons of, Section 607.0505, Florida and the if applicable. (NOTE: Region DIRECTORS	the above- prized by t Statutes. istered Agent 13. 1.1 TITLE 1.2 NAME	-named corporation corporation of the corporation o	oration submits this statement for the purpose on's board of directors. I hereby accept the application of the purpose on the purpose of the	of changing ointment as	TORS IN 12
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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 officer or director of the corporation or the receiver or trustee empower Block 12 or Block 13 if changed, or on an attachment with an address.

5.2 NAME 5.3 STREET AODRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change

Addition