

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90106 022 ***150.00

DOCUMENT # P95000092332
 1. Entity Name
TRIAD FARMS, INC.

Principal Place of Business Mailing Address
 921 VIRGINIA DRIVE 255 S. Orange Ave. *Ted B. Edwards*
 WINTER PARK FL 32789 P.O. BOX 2254
 ORLANDO FL 32802-2254
 US

911329



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 40 Ted B. Edwards 40 Ted B. Edwards
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 P.O. Box 2254 P.O. Box 2254
 City & State City & State
 Orlando, FL Orlando, FL
 Zip Country Zip Country
 32802-2254 U.S. 32802-2254 US

4. FEI Number **59-3354785** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent
EDWARDS, TED B
255 S. ORANGE AVENUE
SUITE 800
ORLANDO FL 32801

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE *Ted B. Edwards* DATE **1/17/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BARNES, GLEN A	
STREET ADDRESS	921 VIRGINIA DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, TED B.	
STREET ADDRESS	P.O BOX 2254 N/A	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNES, WILLIAM N.	
STREET ADDRESS	P.O BOX 2254 N/A	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, W. KELLY	
STREET ADDRESS	P.O BOX 2254 N/A	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ted B. Edwards* DATE: **1/17/00** DAYTIME PHONE #: **(407) 843-7300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR