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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90084 033 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P97000049852

1. Corporation Name
THE JUPITER FARMER, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: P.O. BOX 2585, JUPITER FL 33468
 Mailing Address: P.O. BOX 2585, JUPITER FL 33468

3. Date Incorporated or Qualified
06/05/1997

2. Principal Place of Business (21) Suite, Apt. #, etc. (22)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27)

4. FEI Number: **65-0770854**
 Applied For: Not Applicable

City & State (23) City & State (28)

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Country (24) Country (29)

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
~~Trust Fund Contribution~~

Zip (24) Zip (29)

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
RICE, EDWARD R
11150 154TH RD N
JUPITER FL 33478

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, LOIS	1.2 NAME	
STREET ADDRESS	17127 N THUNDER RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33478	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, EDWARD R	2.2 NAME	
STREET ADDRESS	11150 154TH RD N	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33478	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKMAN, NICOLE	3.2 NAME	
STREET ADDRESS	1533609-118TH TERR. N	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33478	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETTARI, GEORGIA	4.2 NAME	
STREET ADDRESS	12323 188TH ST N	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33478	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, JUDITH	5.2 NAME	
STREET ADDRESS	11150 154TH ROAD N	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33478	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPILLMAN, JIM	6.2 NAME	
STREET ADDRESS	11152 159TH CT N	6.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33478	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, with all other like empowered.

SIGNATURE: *Edwin R. Prohibed*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Apr 6, 99
 Daytime Phone #

CR2E034 (1/198)