

04261999-90179-031-\$150.00-\$150.00

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FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90179 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000061886

1. Corporation Name
SANDERS FARMS OF OCALA, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/14/1998	4. FE Number 59-3516627	Applied For <input 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	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Principal Place of Business 5765 N.W. 110 STREET OCALA FL 34482		Mailing Address 5765 N.W. 110 STREET OCALA FL 34482	
2. Principal Place of Business 21 5950 SW 6 PL	2a. Mailing Address 26 5950 SW 6 PL		
22 Subst. Apt. #, etc.	27 Suite, Apt. #, etc.		
23 Ocala, Florida	28 Ocala FL 34474		
24 34474 25 USA	29 34474 30 USA		

9. Name and Address of Current Registered Agent SANDERS, TOM 5765 N.W. 110 STREET OCALA FL 34482	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 607.0302 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 I accept the obligations of, Section 607.0505 Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when renewing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Secretary	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Jennifer Sanders		1.2 NAME	
STREET ADDRESS 5765 N.W. 110 St.		1.3 STREET ADDRESS	
CITY-ST-ZIP OCALA, FL 34482		1.4 CITY-ST-ZIP	
TITLE V.P.	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Kerk Sanders		2.2 NAME	
STREET ADDRESS 5765 N.W. 110 St.		2.3 STREET ADDRESS	
CITY-ST-ZIP OCALA, FL 34482		2.4 CITY-ST-ZIP	
TITLE PRESIDENT	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME TOM SANDER		3.2 NAME	
STREET ADDRESS 5765 N.W. 110 St		3.3 STREET ADDRESS	
CITY-ST-ZIP OCALA, FL 34482		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplement if 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 807, Florida Statutes; and if at my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowerers.

SIGNATURE: Tom Sanders 4.21.99 352 973 8660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digits Show 9