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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400088240 (4)

FILED Feb 27 1998 8:00am Secretary of State

		` '			
DEW H	ILL FARMS, INC.				
Principal Plac	e of Business	Mailing Address		-	1818 1810 Heil Blei 881 1891
37121 DEW DRIVE 37121 DEW DRIVE					
DADE CITY FL 33525 DADE CITY FL 33525				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	IIS SPACE
				· ·	
2. Principal P	lace of Business	2a, Mailing Address		12/01/1994 4. FEI Number	Applied For
21		26		59-3288889	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29 3	0	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curi	rent Hegistered Agent	81 Name	10. Name and Address of New Registers	ed Agent
	ake, norman j		of Name		
37121 DEW DRIVE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
DA	DE CITY FL 33525		83		·
			84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the			the above-named corn	aration automita 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.					
agent. I am tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: I	Registered Agent signature require	ed when reinstating) OATE	<u> </u>
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DEW, WILBUR I		1.2 NAME		
STREET ADDRESS	37121 DEW DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL		1.4 CITY-ST-ZIP		
TITLE	S	DELETE	2.1 TITLE		Change Addition
NAME	DEW, PATSY L		2.2 NAME		
STREET ADDRESS	37121 DEW DRIVE		2 3 STREET ADDRESS		
CITY-SY-ZIP	DADE CITY FL	The section	2 4 CITY-ST-ZIP		
TITLE	T	☐ DELETĒ	3.1 TITLE		Change Addition
NAME	BLAKE, NORMAN J		3.2 NAME		j
STREET ADDRESS	37121 DEW DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL	T DOLLTE	3.4. CITY-ST-ZIP		Change Addition
TITLE	OLANE MIDOMIA O	DELETÉ	4.1 YITLE		Change Addition
NAME	BLAKE, VIRGINIA D		4. 2 NAME		
STREET ADDRESS	37121 DEW DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DADE CITY FL	☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		- Deceip	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	2000024442 -03/02/9801053	222 95
STREET ADDRESS			6.3 STREET ADDRESS	-03/02/9801053	011 /2.27
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00	2.07
OH I TO I TAIL	·		DIT SHIT - SHI ZH		

14. Thereby 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 ennual 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.

DIAMI ARIA ALDEMAN T BLAKE

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