

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90142 022 ***150.00

DOCUMENT # 128539

1. Corporation Name
FLORIDA FARMS SERVICE, INC.



Principal Place of Business
115 SOUTH PALMETTO AVENUE
115 SOUTH PALMETTO
DAYTONA BEACH FL 32114
US

Mailing Address
115 SOUTH PALMETTO AVENUE
DAYTONA BEACH FL 32114
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1934

4. FEI Number

59-0647823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 2699 Allen Ave.

26 2699 Allen Ave.
27 Suite, Apt. #, etc.

23 City & State
Amelia Island, FL

28 City & State
Amelia Island, FL

24 Zip Country
32034 USA

29 Zip Country
32034 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDMAN, LOUIS E. JR.
115 SOUTH PALMETTO AVENUE
DAYTONA BEACH FL 32114

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2699 Allen Ave.

83

84 City

Amelia Island,

FL

85 Zip Code

32034

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, LOUIS E. JR.	1.2 NAME	
STREET ADDRESS	115 SOUTH PALMETTO AVENUE	1.3 STREET ADDRESS	2699 Allen Ave.
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	Amelia Island, FL 32034
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORNS, LAWRENCE	2.2 NAME	
STREET ADDRESS	115 SOUTH PALMETTO AVENUE	2.3 STREET ADDRESS	2699 Allen Ave.
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	Amelia Island, FL 32034
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, SUSAN	3.2 NAME	
STREET ADDRESS	115 SOUTH PALMETTO	3.3 STREET ADDRESS	2699 Allen Ave.
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP	Amelia Island, FL 32034
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, HAROLD J.	4.2 NAME	
STREET ADDRESS	115 SOUTH PALMETTO AVENUE	4.3 STREET ADDRESS	2699 Allen Ave.
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP	Amelia Island, FL 32034
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)(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:

Signature and Typed or Printed Name of Signing Officer or Director

Jan 11, 1999 (904) 261-0615

Date

Daytime Phone #

CR2E034 (11/98)