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Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90070 004 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 260150

CHAMBLEE FARMS, INC.

CITY-ST-ZIP

Principal Plac	e of Business	Mailing Address				tsı oğlu gimis minus ninsi	Aldıs Atāri Atait lağı
832 FLEMING I	DRIVE	832 FLEMING DRIVE					
P O BOX 1785	_	PO BOX 1785			20.007.00		_
BELLE GLADE FL 33430 US BELLE GLADE FL 33430 US						TE IN THIS SPACE	
03		us			3. Date Incorporated or Qualifed		
2 Principal P	Place of Business	2a. Mailing Address			06/20/1962 4. FEI Number		Applied For
├ ─┐ ` ′	Tace of business	⊢			59-0970906	ļ	Applied For Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			39 09 10900	\$8	75 Additional
22 27				5. Certifcate of Status Desired		ee Required	
City & Stat	te	City & State			6. Election Campaign Financing	 	.00 May Be
23	•	28			Trust Fund Contribution	1 1	ded to Fees
Zip	Country	Zip	Country		8. This corporation owes the curre		
24	25	29	30		Personal Property Tax.	☐ Yes	i∷∏No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	legistered Agent	
			81	Name			
	MBLEE, JOYCE K.		82	Street A	ddress (P.O. Box Number is Not Accepta	bla)	
	IT ROAD		02	SileerAd	idress (F.O. Box Number is Not Accepta	01 0)	
BEL	LE GLADE FL		83	<u> </u>			
`	•		84	075		lee!	71-0-43
			1	City		-	Zip Code
1 0000001	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	i ionaa. Odon change was da	110120001	wie corport	orporation submits this statement for the ation's board of directors. I hereby accep	purpose of changir t the appointment	ng its registered as registered
/ ./co.ayena	are larring with, and decept the opligate	7113 OI, OCCUON OOT.0000, 1 1011	ua Glatutes	•			
1(4, ,	are tarrison with, and doocpt the obligate		ua Glatutes	•			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agen		uired when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable, (NOTE: F	Registered Agen		uired when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent of OFFICERS AND	and title if applicable. (NOTE: F	13.				
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent a OFFICERS AND PD CHAMBLEE, JAMES H. JR.	and title if applicable, (NOTE: F	13. 1.1 TITLE 1.2 NAME	nt signature requ		ICERS AND DIRE	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent a OFFICERS AND PD CHAMBLEE, JAMES H. JR. TABIT ROAD	and title if applicable, (NOTE: F	13.	nt signature requ		ICERS AND DIRE	
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-SI-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PD CHAMBLEE, JAMES H. JR. TABIT ROAD BELLE GLADE FL	and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	ADDRESS		FICERS AND DIRE	ange Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PD CHAMBLEE, JAMES H. JR. TABIT ROAD BELLE GLADE FL	and title if applicable, (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS		ICERS AND DIRE	ange Addition
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD CHAMBLEE, JAMES H. JR. TABIT ROAD BELLE GLADE FL VD CHAMBLEE, JOHN D.	and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	ADDRESS		FICERS AND DIRE	ange Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent of CAMBLEE, JAMES H. JR. TABIT ROAD BELLE GLADE FL. VD CHAMBLEE, JOHN D. TABIT ROAD TABIT ROAD	and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE	ot signature requirements of ADDRESS		FICERS AND DIRE	ange Addition
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent of CHAMBLEE, JAMES H. JR. TABIT ROAD BELLE GLADE FL. VD. CHAMBLEE, JOHN D. TABIT ROAD BELLE GLADE FL. STABIT ROAD BELLE GLADE FL.	and title if applicable, (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	ADDRESS T-ZIP TADORESS		FICERS AND DIRE	ange
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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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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561-996-3576 Davtime Phone # 2F034 (11/98)