## 2-2-98 B-1204 C' 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 # 262530

(9)

STEFLIK FARMS INC

Feb 02 1998 8:00am Secretary of State

**FILED** 

|   |   |      |  |   |                       |                             | AIRH BURK BURK IN S                       |  |
|---|---|------|--|---|-----------------------|-----------------------------|---|--|
| Principal Place of Business   | Mailing Address   |      |  | - I IMBLIAN DENNA MESSA TITAÑI MIREN                                    | firfi affi fit        | 1811 AIA11 AIA11 I          | NICH CANAL CITY SOLI                      |  |
| BUNNELL. FL RT 1 RT 1 BOX 81 BUNNELL FL 32110 US  RT 1 BOX 81 BUNNELL FL 32110 US |   |      |  | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified           |                       |                             |   |  |
|   |   |      |  | 09/11/1962  |                       |                             | ·····                                     |  |
| 2, Principal Place of Business  | 2a. Mailing Address   | 7    | -1   | 4. FEI Number   |                       |                             | Applied For                               |  |
| 11 Danvell To   | a 26 Burnell  | 1    | w_   | 59-0997275  |                       |                             | Not Applicable                            |  |
| Suffe, Apt. #, etc.   | Suile, Agr. III, etc.   | ام   | 8/   | 5. Certificate of Status Desire   | d [                   |                             | <b>3.75</b> Additional Fee Required       |  |
| City & State  | City & State  28 Drawell  |      | fla  | 6. Election Campaign Finance<br>Trust Fund Contribution                 | ing<br>,[             |                             | 5.00 May Be<br>Added to Fees              |  |
| Zip County<br>24 37 1/3 25 Hay  | 21 321/0 30 7   | I C  | apper  | Personal Property Tax due   |                       | _/ /                        |   |  |
| Name and Address of Current Registered Agent                                      |   |      |  | 10. Name and Address of New Registered Agent                            |                       |                             |   |  |
| STEFLIK, MICHAEL  |   | 81   | Name   |   |                       |                             |   |  |
| RT 1 BOX 81<br>Bu <b>nne</b> ll fl 32110  |   | 82   | Street Address (P.O. Box Number is Not Acceptable) |   |                       |                             |   |  |
|   |   | 83   |  |   |                       |                             |   |  |
|   |   | 84   | City   |   |                       | FL 85                       | Zip Code                                  |  |
| office or registered agent, or both,  | ons 607.0502 and 607.1508, Florida <b>Sta</b> tutes, the a<br>in the State of Florida. Such change was authorize<br>apt the obligations of, Section 607.0505, Florida Sta | d by | the corporatio                                     | oration submits this statement for<br>on's board of directors. I hereby | the purp<br>accept th | oose of char<br>ne appointm | nging its registered<br>ent as registered |  |
| SIGNATURE   |   |      |  |   |                       |                             |   |  |

|                |                        | (NOTE: Registered Agent signature requi | irod when reinstating) DATE                       |
|----------------|------------------------|---|---|
| 12.            | OFFICERS AND DIRECTORS | 13.                                     | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE          | PD DELETE              | 1.1 TITLE                               | ☐ Change ☐ Addilio                                |
| NAME           | STEFLIK,MICHAEL        | 1.2 NAME                                |   |
| STREET ADDRESS | RT 1, BOX 81           | 1.3 STREET ADDRESS                      |   |
| CITY-ST-ZIP    | BUNNELL FL             | 14 CITY-ST-ZIP                          | ,   |
| TITLE          | TD DELETE              | 2.1 TITLE                               | ☐ Change ☐ Additio                                |
| NAME           | STEFLIK,LOUIS          | 2.2 NAME                                |   |
| STREET ADDRESS | RT 1 BOX 81            | 2.3 STREET ADDRESS                      |   |
| CITY-ST-ZIP    | BUNNELL FL             | 2.4 CITY-ST-ZIP                         |   |
| TITLE          | DELETE                 | 3.1 TITLE                               | Change Additio                                    |
| NAME           |                        | 3.2 NAME                                |   |
| STREET ADDRESS |                        | 3.3 STREET ADDRESS                      |   |
| CITY-ST-ZIP    |                        | 3.4 CITY-ST-ZIP                         |   |
| TETLE          | DELETE                 | 4.1 TITLE                               | ☐ Change ☐ Additio                                |
| NAME           |                        | 4. 2 NAME                               |   |
| STREET ADDRESS |                        | 4.3 STREET ADDRESS                      |   |
| CITY-ST-ZIP    |                        | 4.4 CITY-ST-ZIP                         |   |
| TITLE          | DELETE                 | 5.1 TITLE                               | Change Additio                                    |
| NAME           |                        | 5.2 NAME                                |   |
| STREET ADDRESS |                        | 5.3 STREET ADDRESS                      |   |
| CITY-ST-ZIP    |                        | 5.4 CITY - ST - ZIP                     |   |
| ITLE           | DELETE                 | 6.1 TITLE                               | Change Additio                                    |
| NAME           |                        | 6.2 NAME                                |   |
| STREET ADORESS | ·                      | 6.3 STREET ADDRESS                      |   |
| מול דם עדום    |                        | C 4 017V CT 7ID                         |   |

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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.

SIGNATURE.