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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

267936

(3)

TRUE FRESH EGGS, INC.

FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						a samtid tilbid nitet fante inian zites dett didit nibtt nebtt bibit nibtt nibtt fibt.
4622 GALL BLVD 4622 GALL BLVD						
P. O. BOX 90		P. O. BOX 9005				DO NOT WRITE IN THIS SPACE
ZEPHTHMULS	FL 33539-6005	ZEPHYRHILLS FL 33539-6005			3. Date Incorporated or Qualified	
İ						03/12/1963
2, Principal P	lace of Business	2a. Mailing Address			<u>-</u>	4. FEI Number Applied For
21		26				59-1039202 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22		27		·	Fee Required	
City & State		City & State			Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country			Country		8. This corporation owes or has paid the current year Intangible
24	[25]	29	30	0		Personal Property Tax due June 30. Yes No
g, Name and Address of Current Registered Agent					Name	10. Hanne Bild Address of New Heghstered Agent
	UNVILLE, DANNY					
	2 GALL BLVD	82 Street Ad		Street Ac	ddress (P.O. Box Number is Not Acceptable)	
ZEF	PHYRHILLS FL 33541			83		
			İ	84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1509. Florida Statutes, the above					e-named c	-
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 rigistered agent and total applicable (NOTE Registered Agent is gnature required when reinstating) DATE						
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0	☐ DELETE	1.1 T/	TLE		Change Addition
NAME	UN VILLE, TONY		1.2 N/	AME]	
STREET ADDRESS	18415 TIMBERLAN DR		1.3 \$1	rreet /	ADDRESS	
CITY-ST-ZIP	LUTZ FL			1.4 CITY - ST - ZIF		
TITLE	D	L DELETE	21 TF	21 THILE		L] Change L] Addition
NAME	UNVILLE, TIMOTHY	1 cm o 1 3 1	2.2 N/	AME		
STREET ADDRESS	5625 MARIE DR 37/34	LEMUN DR.		2.3 STREET AL		
CITY-ST-ZIP	ZEPHYRHILLS FL	PELETE		2. 4 CITY - ST - 2		Character TANGER
TITLE	DS TENDY	☐ DELETE	3.1 TI		İ	☐ Change ☐ Addition ☐
NAME	LINVILLE, TERRY			3.2 NAME		
STREET ADDRESS	5215 BERNADETTE DRIVE			3.3 STREET		
CITY-ST-ZIP TITLE	ZEPHYRHILLS FL PD	DELETE		3.4. CITY-ST-ZIF		☐ Change ☐ Addition
NAME	LINVILLE, DANNY	F-1 00001E	4. 2 N			onenge
STREET ADDRESS	3701 DAIRY RD			4.2 INNIVIL 4.3 STREET A		
CITY-ST-ZIP	ZEPHYRHILLS FL		1	4.4 CITY- ST		
TITLE	D	DELETE		5.1 TITLE		☐ Change ☐ Addition
NAME	LINVILLE, JAY		5.2 NA			
STREET ADDRESS	4623 S RYALS RD				ADDRESS	1
CITY-ST-ZIP	ZEPHYRHILLS FL			TY-ST		
TITLE		DELETE		6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 N/	AME	}	
STREET ADDRESS			6.3 ST	REET A	address	
CITY-ST-ZIP			6.4 CI	TY-ST	I - ZIP	

14. I hereby certify that the information supplied with this filling 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 oddress.