Applied For

\$8.75 Additional

Not Applicable

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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 301857

1. Corporation Name

MILES FARM, INC.

| Principal Place of Business |
|-----------------------------|
| 4630 CAMADY DOAD |

2. Principal Place of Business

Suite, Apt. #, etc.

GRACEVILLE FL 32440

Mailing Address

4630 CANARY ROAD **GRACEVILLE FL 32440**

2a. Mailing Address

Suite, Apt. #, etc.

26

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90093 015 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

02/09/1966

59-1145268

4. FEI Number

| City & State Street Address of Current Registered Agent MILES, BILLY JOE 4630 CANARY ROAD GRACEVILLE FL 32440 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 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 agent. I am you will be compared to the observable, Section 507.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am you will be compared to the observable, Section 507.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am you will be compared to section the observable, Section 507.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am you will be compared to section the observable of the corporation submits this statement for the purpose of changing its registered of directors. I hereby accept the observable will be compared to directors. I hereby accept the opporational statement for the purpose of changing its registered agent. I am you will be compared to section the compared will be compared to directors. I hereby accept the opporational statement for the purpose of changing its registered agent. I am you will be compared to directors. I hereby accept the observable will be compared to directors. I hereby accept the observable will be compared to directors. I hereby accept the observable will be compared to directors. I hereby accept the observable will be compared to direct | 22 | n, 6to . | 27 | Julie, Apr. #, etc. | | | *** | 5: Certificate of Status Desired | | Fee Re | |
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| S. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607.0502 and 607.1509. Florida Statutes, the above-named corporation automits this statement for the purpose of changing its registered agent. Or both, in the State of Florida Statutes, the above-named corporation automits this statement for the purpose of changing its registered agent. Or both, in the State of Florida Statutes, the above-named corporation automits this statement for the purpose of changing its registered agent. Or both, in the State of Florida Statutes, the above-named corporation automits this statement for the purpose of changing its registered agent. Or both, in the State of Florida Statutes, the above-named corporation automits this statement for the purpose of changing its registered agent. Or both, in the State of Florida Statutes, the above-named corporation automits this statement for the purpose of changing its registered agent. Or both purposes of ch | 23 | | 28 | - | | _4 | | | | |) Fees |
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| MILES, BILLY JOE 4630 CANARY ROAD GRACEVILLE FL 32440 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-raised corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the comporation submits this statement for the purpose of changing its registered agent, and affice the collegations by Section 607.0502 and 607.1508, Florida Statutes, the above-raised corporation submits this statement for the purpose of changing its registered agent, and affice the collegations of the apprintment as registered agent, and affice the collegations of the purpose of changing its registered agent, and affice the collegations of the apprintment as registered agent, and affice the collegations of the apprintment as registered agent, and affice the collegations of the purpose of change its registered agent, and affice the collegations of the purpose of changes its registered agent, and affice the collegations of the purpose of changes its registered agent, and affice the collegations of the purpose of changes its registered agent, and affice the collegations of the purpose of changes its registered agent, and affice the collegations of the purpose of changes its registered agent, and affice the collegations of the purpose of changes its registered agent, and affice the collegations of the purpose of changes agent, and affice the collegations agent and the supplies agent and affice the collegations agent and the supplies agent agent and affice the collegations agent and the supplies agent ag | | | | | | | | | | <u> </u> | ⊔No |
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| GRACEVILLE FL 32440 83 City FL 85 Zip Code 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, and agent, | | | | | | 82 | Street Addres | ss (P.O. Box Number is Not Acceptable) | | | |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purspace of changing its registered agent. I am fortility with, and accept the obligations of the State of Florida. Such change uses authorized use corporation's board of directors. I hereby accept the appointment as registered agent. I am fortility with, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE Signature Superpropersylative of implications agent and size if applicable. INFORM Registered Agent signature Agent agent and size if applicable. INFORM Registered Agent signature Agent agent and size if applicable. INFORM Registered Agent signature Agent agent and size if applicable. INFORM Registered Agent signature Agent agent and size if applicable. INFORM Registered Agent signature Agent agent and size if applicable. INFORM Registered Agent signature Agent agent and size if applicable. INFORM Registered Agent signature Agent sig | | | | | | | | | | | |
| 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. Thereby accept the appointment as registered agent. I am ferrillar with, and specify the obligation/sq. Section 607 0595, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE OFFICERS AND DIRECTORS IN 12. 11. TITLE DELETE 11. TITLE SO GRACEVILLE FL 12. TITLE SO GRACEVILLE FL 13. STREET ADDRESS GRACEVILLE FL 14. CITY-ST-ZIP GRACEVILLE FL 14. CITY-ST-ZIP MILES, SHIRLEY ANN 4830 CANARY ROAD 23. STREET ADDRESS GRACEVILLE FL 14. TITLE V OELETE 31. TITLE Change Addition Addition STREET ADDRESS GRACEVILLE FL 14. TITLE Change Addition Addition STREET ADDRESS GRAVEVILLE FL 15. TITLE Change Addition Addi | GI U | OCVICE I C 32440 | | | | 83 | | | | | |
| 11. Persuant to the provisions of Sections 607.6502 and 607.1509. Rorida Statutes, the above-named comporation submits this statement for the purpose of changing its registered agent. I am lognified or registered agent and the it registered. I follow the comporation's board of directors. I hereby accept the appointment as registered agent. I am lognified by the comporation's board of directors. I hereby accept the appointment as registered agent and the it registered agent and the it registered. I follows the comporation's board of directors. I hereby accept the appointment as registered agent and the it registered. I follows the comporation's board of directors. I hereby accept the appointment as registered agent and the it registered agent and the it registered. I follows the comporation's board of directors. I hereby accept the appointment as registered agent. I am lognified agent agent and the it registered agent and the item agent and a | | | | | | 84 | City | | FI | 85 Zip C | ode |
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| SIGNATURE Signature Signa | office or r | egistered agent, or both, in the State of | of Flor | ida. Such change was aut | horized | l bv t | the corporation | 's board of directors. I hereby accept the | appoint | ment as reg | jistered |
| Struct Appropriet of the of registered agents and size if applicable. (NOTIF, Registered Agents depended Agent separative forbinds when remotationy) DATE | agent. I a | im ramiliar with, and accept the obligation | | r, Section 607.0605, Florid | ia Stati | nes. | a 1111 | 00 | 3/1- | 10= | |
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| | CITY-ST-ZIP | | | | 6.4 CIT | Y-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 chapged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shirley Ann Miles