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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # 310494 IY FARMS, INC.	4 (O)			X ê n êndi bili ênêr ênên bibi han
Principal Plac	e of Business	Mailing Address			ITOTA BARIA BARIA BARIA DITOTA BARIA ABDI
2520 BANANA RD LAKELAND FL 33809		2520 BANANA RD LAKELAND FL 33810-2012			
		<u></u>		3. Date Incorporated or Qualified 10/28/1966	3a. Date of Last Report 05/01/1996
2. Principal Place of Business		2a. Mailing Address 26		4. FEI Number 59-1152706	Applied For Not Applicable
Suite, Apt. ₩, etc 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulard
City & State 23		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for in	
	9. Name and Address of Curr			10. Name and Address of New Reg	
	HONY,G P		81 Name		
2520 BANANA RD.			82 Street Addr	ress (P.O. Box Number is Not Acceptable	e)
LAKI	ELAND FL 33805				
			83		
			84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607 Of	502 and 607 1508 Florida Statu	itee the shows named core	poration submits this statement for the pa	FL 69 Zip Code
office or n	egistered agent, or both, in the Sta	te of Florida, Such change was	authorized by the corporat	poration submits this statement for the pution's board of directors. I hereby accep	t the appointment as registered
	m raminal with, and accept the our	gations of, section 607,0505, F	ionda Statoles.		
SIGNATURE	Signature, typed or printed name of registered a	gent and tille if applicable (NO	TE Registered Agent signature requir	red when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	ANTHONY, G.P.	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	8213 N. CAMPBELL RD.		1.2 NAME		
CHTY - ST - ZIP	LAKELAND FL		1.3 STREET ADDRESS		
THILE	STD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	ANTHONY,S.N.		2.2 NAME		
STREET ADDRESS	8213 N. CAMPBELL RD.		2.3 STREET ADDRESS		
CITY - ST - ZIP	LAKELAND FL		2. 4 CITY-ST-ZIP		
THILE		☐ DELETE	3.1 TITLE	y'	Change Addition
NAME			3.2 NAME		
STHEET ADDRESS			3.3 STREET ADDRESS		
OFFY-ST-ZIP THLE	***************************************	DELETE	3.4. CIFY-ST-ZIP		Change Addition
NAME		had becel	4.1 HILE 4.2 NAME		The country The Variation
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SI-ZIP			4.4 CITY - ST - ZIP		
Title		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
SUBEET ADDRESS			5 3 STREET ADDRESS		
CITY ST-ZIP		T perse	5 4 CiTY - ST - ZIP		
TITLE		☐ DELETE	61 TITLE		L. Change L. Addition
NAME STORE LABORESE			6.2 NAME		,
STREET ADDRESS			6.3 STREET ADDRESS		
14. I do hereb	y certify that the information suppli	ed with this filing does not qual	ify for the exemption stated	f in Section 119.07(3)(i), Florida Statutes	I further certify that the
Information Lam an of	a indicated on this annual report or	supplemental annual report is or the receiver or trustee empor	true and accurate and that wered to execute this repor	my signature shall have the same legal t as required by Chapter 607, Florida St	effect as if made under path: that I

SIGNATURE:

4-28-97 941. 858-2871
Date Datina Phone =

FILED

May 07 1997 8:00am

Secretary of State