

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **335281** (2)
1. Corporation Name
BELL CREEK FARMS INC

Principal Place of Business 121 N. COLLINS STREET PLANT CITY FL 33566	Mailing Address 121 N. COLLINS STREET PLANT CITY FL 33566
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 15038 Balm Road Suite, Apt. #, etc. 22 City & State 23 Balm, Florida Zip 24 33503		2a. Mailing Address 26 P. O. Box 416 Suite, Apt. #, etc. 27 City & State 28 Balm, Florida Zip 29 33503		3. Date Incorporated or Qualified 09/20/1968	
25 Hillsborough		30 Hillsborough		4. FEI Number 59-1273970	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent TRINKLE, ROBERT S 121 N. COLLINS ST PLANT CITY FL 33566		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	S/T/D
NAME	SWEAT, ELIZABETH A	1.2 NAME	Sweat, Elizabeth A.
STREET ADDRESS	121 N. COLLINS ST	1.3 STREET ADDRESS	14988 Balm Road
CITY-ST-ZIP	PLANT CITY, FL 00000	1.4 CITY-ST-ZIP	Balm, Florida 33503
TITLE	PD	2.1 TITLE	P/D
NAME	YEILDING, O B	2.2 NAME	Sweat, Henry G.
STREET ADDRESS	699 DUNBLANE DRIVE	2.3 STREET ADDRESS	14988 Balm Road
CITY-ST-ZIP	WINTER PARK, FL 00000	2.4 CITY-ST-ZIP	Balm, Florida 33503
TITLE	TD	3.1 TITLE	D
NAME	SWEAT, SALLY A	3.2 NAME	Sweat, Sally A.
STREET ADDRESS	121 N. COLLINS ST	3.3 STREET ADDRESS	3023 Colonial Ridge Drive
CITY-ST-ZIP	PLANT CITY, FL 00000	3.4 CITY-ST-ZIP	Brandon, Florida 33511
TITLE	SD	4.1 TITLE	V/D
NAME	YEILDING, JOAN	4.2 NAME	Yeilding, Joan
STREET ADDRESS	699 DUNBLANE DRIVE	4.3 STREET ADDRESS	14988 Balm Road
CITY-ST-ZIP	WINTER PARK, FL 00000	4.4 CITY-ST-ZIP	Balm, Florida 33503
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 4/23/98 (813) 634-3778

CR2E034 (10/97)