

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

FILED  
Feb 03 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 357267

(4)

1. Corporation Name

FLYING "G" FARMS COMPANY

Principal Place of Business

6235 HWY 98 NORTH - 10TH FLOOR  
OKEECHOBEE FL 34972

Mailing Address

6235 HWY 98 NORTH - 10TH FLOOR  
OKEECHOBEE FL 34972

6235 HWY 98 NORTH  
OKEECHOBEE, FL 34973

PO BOX 1972  
OKEECHOBEE, FL 34973

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1969

4. FEI Number

59-1311442

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEGAM, GEORGE L  
11850 UNIVERSITY BLVD.  
ORLANDO FL 32817

81 Name

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-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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME GOOLSBY, ERNIE C.  
STREET ADDRESS 6235 HWY 98 NORTH  
CITY-ST-ZIP OKEECHOBEE FL

☒ DELETE

1.1 TITLE PRESIDENT-DIRECTOR  
1.2 NAME GEORGE L. PEGAM  
1.3 STREET ADDRESS 11850 UNIVERSITY BLVD.  
1.4 CITY-ST-ZIP ORLANDO, FL 32817

☐ Change ☒ Addition

TITLE STD  
NAME GOOLSBY, NANCY  
STREET ADDRESS 6235 HWY 98 NORTH  
CITY-ST-ZIP OKEECHOBEE FL 34974

☐ DELETE

2.1 TITLE DIRECTOR  
2.2 NAME 743 DUNLAP  
2.3 STREET ADDRESS WINTER SPRINGS, FL 32708  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VPD  
NAME MORGAN, KIMBERLY  
STREET ADDRESS 743 DUNLAP  
CITY-ST-ZIP WINTER SPRINGS FL 32708

☐ DELETE

3.1 TITLE SECRETARY-DIRECTOR  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE TD  
NAME GOOLSBY, MRS E C  
STREET ADDRESS 6235 HWY 98 NORTH  
CITY-ST-ZIP OKEECHOBEE, FL 00000

☒ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE DIRECTOR  
5.2 NAME HEATH MORGAN  
5.3 STREET ADDRESS 2040 DELWOOD DR NW  
5.4 CITY-ST-ZIP ATLANTA, GA 30309

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE DIRECTOR  
6.2 NAME STEPHANIE PEGAM  
6.3 STREET ADDRESS 11850 UNIVERSITY BLVD  
6.4 CITY-ST-ZIP ORLANDO, FL 32817

☐ Change ☒ Addition

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:

CR2E034 (10/97)