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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

04-26-2001 90069 013 ***150.00

44500

DO NOT WRITE IN THIS SPACE

DOCUMENT # 357267

1. Entity Name
FLYING "G" FARMS COMPANY

Principal Place of Business	Mailing Address
6235 HWY 98 NO OKEECHOBEE FL 34973 US	P O BOX 1972 OKEECHOBEE FL 34973 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1311442 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEGRAM, GEORGE L 11850 UNIVERSITY BLVD. ORLANDO FL 32817	Name: STEPHNYE PEGRAM Street Address (P.O. Box Number is Not Acceptable): P.O. Box 1972 6235 Highway 98 N City: Okeechobee FL Zip Code: 34973

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature] 5.09.01
Signature, typed or printed name of registered agent (if applicable). (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEAGRAM, GEORGE L 11850 UNIVERSITY BLVD ORLANDO FL 32817 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOOLSBY, NANCY 743 DUNLAP WINTER SPRINGS FL 32708 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORGAN, KIMBERLY 743 DUNLAP WINTER SPRINGS FL 32708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, HEATH 2040 DELWOOD DR NW ATLANTA GA 30309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEGRAM, STEPHANIE 11850 UNIVERSITY BLVD ORLANDO FL 32817 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEGRAM, STEPHNYE 6235 Highway 98 N Okeechobee, FL 34973 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE [signature] April 18 2001 863-763-4726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)