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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 497710

NOBLES FARMS, INC.

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|---|---|---|--|--|--|---|--|---------------------|-------------------------------------|--------------------------------------|
| Principal Place | e of Business | Mai | iling Address | | | | ļ | | | |
| P.O. DRAWER 2 | 2310 | | DRAWER 2310 | | | | | | | |
| LABELLE FL 33 | 935 🔒 | LAB | ELLE FL 33935 | | | | DO NOT WRIT | E IN THIS SE | DACE | |
| | | | : | | | | | E IN THIS SE | ACL | |
| | | | • | | | | 3. Date Incorporated or Qualifed | | | |
| | | · . | : | | | | 02/27/1976 | | 1 - | |
| 2. Principal Pl | lace of Business | ' 2a. | Mailing Address | | | | 4. FEI Number | | - 1 | plied For |
| 21 | <u> </u> | 26 | | | | | 59-1797340 | | | t Applicable |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | | \$8.75 | |
| 22 | | 27 | ** | | | | 3. Continuate of Citation Course | | Fee Re | equired |
| City & State | e . | | City & State | | | | 6. Election Campaign Financing | | | May Be |
| 23 | | 28 | | | | | Trust Fund Contribution | | Added | to Fees |
| . Zip | · Country | | Zip | Cour | ntry | | 8. This corporation owes the curre | ent year Intang | gible | |
| 24 | 25 | 29 | | 30 | | | Personal Property Tax. | - | Yes | □No |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | | | |
| | | | | | 81 | Name | | • | | • |
| NOB | BLES JR., LEWIS J | | | | | | | | | |
| | S MAIN STREET | | , | | 82 | Street Addre | ess (P.O. Box Number is Not Accepta | DIE) | | |
| | ELLE FL 33935 | | | ŀ | 83 | | 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1441 200 200 | 200 200 | Tan 103 IAV |
| | LEEL I E 00000 | • | • | | 00 | | | | 翻译的 | |
| | | | | 1 | 84 | City | The second secon | | 85 Zip | Code |
| | | , | | | | 4- | | <u> </u> | Щ | |
| | to the provisions of Sections 607.05 | 02 and 60 | 7 1508 Florida Stati | utes, the ab | 1-01/0- | nomed some | pration submits this statement for the | purpose of ch | anging its | registered |
| 11. Pursuant | to the provisions of Sections 607.00 | 4 [] | - Puch change upo | authorized | by th | nameu corpo | n'e board of directors. I berehv acceo | | | edistered ! |
| | | | | | | ne corporation | n's board of directors. I hereby accep | t the appoints | nent as re | egistered |
| office or reagent. I a | egistered agent, or both, in the State m familiar with, and accept the oblig | | | | | ne corporation | n's board of directors. I hereby accep | t the appoint | nen as re | egistered |
| | egistered agent, or both, in the State in familiar with, and accept the oblig | e of Florida jations of, | a. Such change was Section 607.0505, Fl | autnorizeo Iorida Statu | by in ites. | ne corporation | n's board of directors. I hereby accep | DATE | | egistered |
| office or reagent. I a | | e of Florida ations of, sent and title if | a. Such change was Section 607.0505, Fl | autnorizeo Iorida Statu | by in ites. | ne corporation | n's poard of directors. Thereby accep | DATE | DIRECTO | ORS IN 12 |
| office or reagent. I a | egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered agents of the control of the | e of Florida ations of, sent and title if | a. Such change was Section 607.0505, Fl | authorized lorida Statu FE: Registered | Dy th | ne corporation | when reinstating): / : : : : : : : : : : : : : : : : : : | DATE | | gistorou |
| office or nagent. I as SIGNATURE 12. | egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A | e of Florida ations of, sent and title if | a. Such change was Section 607.0505, Flapplicable. (NOT | authorized lorida Statu | Agent s | ne corporation | when reinstating): 1 1 2 3 | DATE | DIRECTO | ORS IN 12 |
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90074 029 ***150.00

941) 675-6699