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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

517095

(6)

D & M FARM, INC.

FILED Feb 03 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address								T HOOSEN ONED! HIER LEGEL EGGEN DIRION ONE BADE GLOSS GEGEN BROWN ONDIN CHAIR BADE	
5094 67TH PLACE SOUTH 5094 67TH PLACE SOUTH LAKE WORTH FL 33463-7402 LAKE WORTH FL 33463-7402)2		DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified	-
2. Principal F	Place of Busin	ness	20	2a. Mailing Address				10/25/1976 4. FEI Number Applied For	\dashv
21				26				59-1699749 Not Applica	\neg
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				5 Certificate of Status Desired \$8.75 Additional	
22				City & State			······································	Fee Required	_
City & State				28				6. Election Campeign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
 '		Country		Zip 1	Count		t .	8. This corporation owes or has paid the current year Intangible	
24 25 9. Name and Address of Curren			29 Current Regi		30			Personal Property Tax due June 30. X Yes No 10. Name and Address of New Registered Agent	
- cu		·	· - · · · · · · ·	atered Agent		81	Name	10. Italia di a Addissa di Itali Italia di Again	一
		MARSHALL M. ACE SO UTH	Jn.			82	Ctroot Addr	Iress (P.O. Box Number is Not Acceptable)	
	KE WORTH						Street Addre	ress (P.O. Box Number is not Acceptable)	
						83			
						84	City	85 Zip Code	
44 Pureupot	to the provice	ione of Soctions	607 0502 and	607 1608 Florida Sta	tutos the s	bou	o named corp	PL 9 2 p code	긁
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 reinstalling) DATE									
12. OFFICERS AN							ent signature require	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSDT			☐ DELETE	13. 1.1 T	ITLE		☐ Change ☐ Addit	ion
NAME SHEPHERD, MARSHALL M. JI			LL M. JR	1.2 N		AME			
STREET ADDRESS 5094 67TH PLACE SOUTH				1.3 STRE		TREET	ADDRESS		
CITY-ST-ZIP LAKE WORTH FL							T-ZIP		
TITLE				☐ DELETE	2.11			[_] Change [_] Addit	ion
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NAME				3.2 N					
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP					3.4. CITY-ST-ZIP		ST-ZIP		
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NAME					4.21	IAME			
STREET ADDRESS							ADDRESS		
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CITY-ST-ZIP					5.4 C				
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NAME		, :			6.2 N	AME	Ť		
STREET ADORESS					6.3 S	TREET	ADDRESS		
CITY-ST-ZIP					6.4 C	ITY-S	T-ZIP	Casting 440 07(0Vi) Florida Chat doe 1 footbar and it should be because	_

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.

(561) 965-0869