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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

1998

519655

(5)

VALLEY FARM, INC.

FILED Apr 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						Till Bifit Bifit Albit fifi	IS MINIST MINIST IN EL
914 GARDENIA DRIVE 914 GARDENIA DRIVE TALLAHASSEE FL 32312 TALLAHASSEE FL 32312			!		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 12/03/1976		
2. Principal Place of Business 2a. Mailing Address				•	4. FEI Number		Applied For
21 26					59-1707100		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27					5. Certificate of Status Desired		5 Additional Bequired
City & State City & State 23 28		City & State	te		Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
1 Z IP	Country	Zip	Countr	у	8. This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent			
UPTON, VIRGINIA L				Name			
914 GARDENIA DR TALLAHASSEE FL 32312			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
IALLANASSEE FL 32312			83)			
			84	City		FL 85 4	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 punied have of rigidered agent and titled apply side (NOTE Registered Agent signature required when reinstating) DATE							
12.		ID DIRECTORS	13.	por signature requi	ADDITIONS/CHANGES TO OFF		TORS IN 12
TITLE			1.1 TITLE			Chan	
NAME	UPTON, DAVID B		1.2 NAME				
STREET ADDRESS	made of a company of a company		1.3 STREET ADDRESS				
CITY-ST-ZIP	7411 A11400FF F1 40000		1.4 CITY-ST-ZIP				
TITLE			2.1 TITLE			Chan	nge 🔲 Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY - ST - ZIP				
TITLE	_		3 1 TITLE			☐ Chan	nge 🔲 Addition
NAME			3 2 NAME				
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CITY-ST-ZIP			3.4 CITY	ST-71P	- 		
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NAME	UPTON, JANIS L.		4. 2 NAM	1			
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CITY-\$T-ZIP			4.4 CITY-			Char	an I Addition
TITUE			5.1 TITLE	}		☐ Chan	nge 🔲 Addition
NAME			5.2 NAME	ì			į
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CITY-ST-ZIP			5.4 CITY- 6.1 TITLE	S1-ZIP		Chan	nge Addition
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NAME OTDECT LEDDICCE			6.2 NAME				
STREET ADDRESS			0.3 STREE	T ADDRESS			

64CITY-S1-ZIP

14. Thereby 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.