

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

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Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **647708** (7)  
1. Corporation Name  
**WILCLAN FARMS, INC.**



Principal Place of Business <b>1200 GARVEY RD. S.W. PALM BAY FL 32908</b>	Mailing Address <b>1200 GARVEY RD. S.W. PALM BAY FL 32908-7105</b>
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3. Date Incorporated or Qualified <b>11/29/1979</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1983905</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	29

9. Name and Address of Current Registered Agent  
**WILLIAMS, N K  
1200 GARVEY ROAD S.W.  
PALM BAY, FL  
32908**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	WILLIAMS, N K
STREET ADDRESS	1200 GARVEY RD., S.W.
CITY- ST- ZIP	PALM BAY, FL 0
TITLE	NAME
SDT	WILLIAMS, ELIZABETH C
STREET ADDRESS	1200 GARVEY RD., S.W.
CITY- ST- ZIP	PALM BAY, FL 0
TITLE	NAME
V	WILLIAMS, PAUL D
STREET ADDRESS	1400 GARVEY ROAD, S.W.
CITY- ST- ZIP	PALM BAY FL
TITLE	NAME
V	WILLIAMS, DANIEL
STREET ADDRESS	1300 GARVEY ROAD, SW
CITY- ST- ZIP	PALM BAY FL
TITLE	NAME
TITLE	NAME
TITLE	NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY- ST- ZIP
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY- ST- ZIP
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY- ST- ZIP
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY- ST- ZIP
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY- ST- ZIP
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY- ST- ZIP

14. I do 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: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_  
Date: 4/18/1997 Daytime Phone: 407-727-1075

CR2E034 (9/96)