

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90092 029 ***150.00

DOCUMENT # 679010

1. Entity Name
G. T. WARREN FARMS, INC.

Principal Place of Business Mailing Address
~~HIGHWAY 71 SOUTH~~ ~~HIGHWAY 71 SOUTH~~
P.O. BOX 309 **P.O. BOX 309**
BLOUNTSTOWN FL 32424 **BLOUNTSTOWN FL 32424**

B0047772



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
14125 St Rd 71 South **14125 St Rd 71 South**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
P O Box 309 **P O Box 309**
 City & State City & State
Blountstown, FL **Blountstown, FL**

4. FEI Number **59-2011227** Applied For
 Not Applicable

Zip Country Zip Country
32424 **Calhoun** **32424** **Calhoun**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WARREN, GLENN T., JR.
HWY 71 SOUTH
BLOUNTSTOWN FL 32424

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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, 2002 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

TITLE	DV	<input type="checkbox"/> Delete
NAME	WARREN, GLENN T, JR	
STREET ADDRESS	HWY 71 SOUTH	
CITY-ST-ZIP	BLOUNTSTOWN, FL 00000	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WARREN, MARGARET B	
STREET ADDRESS	HWY 71 SOUTH	
CITY-ST-ZIP	BLOUNTSTOWN, FL 00000	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WARREN, GLENN T, SR	
STREET ADDRESS	HWY 71 SOUTH	
CITY-ST-ZIP	BLOUNTSTOWN, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Margaret B. Warren Margaret B. Warren 3-4-02 850-674-8159
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)