

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90098 021 \*\*\*150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # F01791

Corporation Name  
 REPPER FARMS, INC.

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

Principal Place of Business  
 T RD 15 N  
 OB 6  
 ANAL PT FL 33438

Mailing Address  
 ST RD 15 N  
 POB 6  
 CANAL PT FL 33438

DO NOT WRITE IN THIS SPACE

|                             |         |                         |         |   |  |
|-----------------------------|---------|-------------------------|---------|---|--|
| Principal Place of Business |         | 2a. Mailing Address     |         | 3. Date Incorporated or Qualified<br>10/16/1980   |  |
| Suite, Apt. #, etc.         |         | 2b. Suite, Apt. #, etc. |         | 4. FEI Number<br>59-2033837   |  |
| City & State                |         | City & State            |         | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| Zip                         | Country | Zip                     | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                 |  |
| 25                          |         | 29                      |         | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REPPER, WARREN  
 ST RD 15 NORTH  
 CANAL POINT, FLORIDA  
 33438

81 Name Ada Bush Conley

82 Street Address (P.O. Box Number is Not Acceptable)

83 13600 S.W. Connors Hwy.

84 City Okeechobee FL Zip Code 34994

1. 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 Ada Bush Conley

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| 1. NAME                    | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME                    | <input type="checkbox"/> DELETE | 1.2 NAME  |   |
| 3. NAME                    | <input type="checkbox"/> DELETE | 1.3 STREET ADDRESS                                    |   |
| 4. NAME                    | <input type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP                                       |   |
| 5. NAME                    | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME                    | <input type="checkbox"/> DELETE | 2.2 NAME  |   |
| 7. NAME                    | <input type="checkbox"/> DELETE | 2.3 STREET ADDRESS                                    |   |
| 8. NAME                    | <input type="checkbox"/> DELETE | 2.4 CITY-ST-ZIP                                       |   |
| 9. NAME                    | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME                   | <input type="checkbox"/> DELETE | 3.2 NAME  |   |
| 11. NAME                   | <input type="checkbox"/> DELETE | 3.3 STREET ADDRESS                                    |   |
| 12. NAME                   | <input type="checkbox"/> DELETE | 3.4 CITY-ST-ZIP                                       |   |
| 13. NAME                   | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME                   | <input type="checkbox"/> DELETE | 4.2 NAME  |   |
| 15. NAME                   | <input type="checkbox"/> DELETE | 4.3 STREET ADDRESS                                    |   |
| 16. NAME                   | <input type="checkbox"/> DELETE | 4.4 CITY-ST-ZIP                                       |   |
| 17. NAME                   | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME                   | <input type="checkbox"/> DELETE | 5.2 NAME  |   |
| 19. NAME                   | <input type="checkbox"/> DELETE | 5.3 STREET ADDRESS                                    |   |
| 20. NAME                   | <input type="checkbox"/> DELETE | 5.4 CITY-ST-ZIP                                       |   |
| 21. NAME                   | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME                   | <input type="checkbox"/> DELETE | 6.2 NAME  |   |
| 23. NAME                   | <input type="checkbox"/> DELETE | 6.3 STREET ADDRESS                                    |   |
| 24. NAME                   | <input type="checkbox"/> DELETE | 6.4 CITY-ST-ZIP                                       |   |

4. 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.

SIGNATURE: SIGNATURE REQUIRED Ada Bush Conley 8/13/99 561-924-5651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (5/99)