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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretarytof State DIVISION OF COMPORATIONS

DOCUMENT #	, , ,
1. Corporation Name	FB

1847

TAM-AN-KIM FARMS, INC.

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$\chi^0_{W^3}$		

Principal Place of Business Mailing Address			0 1				
	Silver Oak Dr. St. Lucie, Fl. US		2614 N.Pa Jensen 1 F1. 349!	Веа		DO NOT WRITE IN TH	IIS SPACE
2. Principal P 21 Suite, Apt.	#, etc.	2a. Mailing Add 26 Suite, Apt. #				04/30/1981 4. FEI Number 59-2261447 5. Certificate of Status Desired []	Applied For Not Applicable \$8.75 Additional Fee Required
City & Stat	te	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zıp 29	Cour 30	ntry		This corporation owes the current year Personal Property Tax.	Intangible [_] Yes [_]No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registere	d Agent
ļ	Bessemer, W.J 116 N. Sewall:	•		82	Name Street Addres	ss (P.O. Box Number is Not Acceptable)	
	Stuart, Fl. 34	996		83			ingrater is a second
				84	City	F	85 Zip Code
office or r agent. I a SIGNATURE	to the provisions of Sections 607.0 egistered agent, or both, in the Sta im familiar with and accept the oblination of the section of the sec	te of Ftorida. Such chan gations of, Section 607. M	ge was authorized	by th	he corporation	ration submits this statement for the purpose is board of directors. I hereby accept the app	of changing its registered pointment as registered
12.	·	AND DIRECTORS	■ 13.		argument o required w	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PDS		ELETE 1.1 TIT	 LE			[Change [Addition
NAME	PUS		ME			• -	
STREET ADORESS	Kirkbride, Ta		1.3 \$11	REETA	ADDRESS		

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PDS DELETE	1.1 TITLE	[Change [Addition
NAME	Kirkbride, Tamara A.	1.2 NAME	
STREET ADDRESS	2614 N. Palm Ave.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Joneon Boach El 3/057	14 CITY-ST-ZIP	
TITLE	VTD DELETE	21 TITLE	[] Change [] Addition
NAME	Bessemer, W.J.	2 2 NAME	
STREET ADDRESS	116 N. Sewalls Pt. Rd.	23 STREET ADDRESS	
CITY-ST-ZIP	- C1	2 4 CiTY+ST+ZiP	
TITLE	Stuart, FI. 34990 DELETE	3 I TITLE	[_]Change [_]Addition
NAME		3.2 NAME	0000027783604
STREET ADDRESS	ı	33 STREET ADDRESS	-02/17/9901068020
CITY-\$T-ZIP		34 CITY-ST-ZIP	****150,00 ****150.00
TITLE	☐ DELETE	4 1 TITLE	{ } Change
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	and the second of the second o
TITLE	☐ DELETE	5 1 TITLE 5 2 NAME	[] Change [] Addition
NAME		1	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP	[] DELETE	54 CITY - ST - ZIP 61 TITLE	f late.
TITLE	[] DELETE	6.2 NAME	[] Change [] Addition
NAME		63 STREET ADDRESS	
STREET ADDRESS		1	
CITY-ST-ZIP	distribution of the state of th	64 CITY-ST-ZIP	

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 alternment with an address, with all other like empowered.

SIGNATURE:

561-220-1244 Daytime Phone #