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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State. DIVISION OF CORPORATIONS

1999 DOCUMENT # F45986

1. Corporation Name

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90072 026 ***150.00

UNDERN	ILL FARINS, INC.	Mine (
Principal Place	of Business	Mailing Address	م بر 	_		r cancras mil andai and states	imitā Alti Albij O	IBIK BIBKI B I	ait \$1611 \$1611 1681
27695 SW MARTIN HWY OKEECHOBEE FL 34974		27695 S.W. MARTIN HWY. OKEECHOBEE FL 34974			s in the following this				
US 54374		US			DO NOT WRITE IN THIS SPACE				
1						3. Date Incorporated or Qualifed 09/24/1981	i		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-2135608			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•		5. Certificate of Status Desired			5 Additional Required
City & State	9	City & State				6. Election Campaign Financing	, _□	\$5.0	00 May Be
23		28		_		Trust Fund Contribution		Add	ed to Fees
Zip	Country	Zip	Countr	У		8. This corporation owes the cu	rrent year Int		
24	25		30			Personal Property Tax.	Ol-t	X Yes	□No
<u> </u>	9. Name and Address of Current	t Registered Agent	81	1 N	ame	10. Name and Address of New	registered	Agent	
ו וואור)	ERHILI EDWARD		81	' N	aille				
UNDERHILL, EDWARD 27695 SW MARTIN HWY			82	2 St	treet Addre	ess (P.O. Box Number is Not Accep	table)		
OKE	ECHOBEE FL 34974		83	3					
			84	4 C	ity	· .	FL	85 Z	Zip Code
l office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida. Such change was au	ithorized by	y tne	med corpo corporation	pration submits this statement for the n's board of directors. I hereby acc	ept the appoi	ntment as	s registered
l office or n	to the provisions of Sections 607.0500 egistered agent, or both, in the State or m familiar with, and accept the obligat Signature, types or printed name of registered agen	of Florida. Such change was au ions of, Section 607.0505, Flori	ithorized by ida Statute	y tne es.	corporation	n's board of directors, i hereby accompany	DATE	nument a:	- Tegistered
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14. 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, with all other like empowered.