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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400003279 (6)

SOMERSET FARMS OF ALACHUA, INC.

## FILED Feb 11 1998 8:00am Secretary of State



		\$ 4 - 11 B - 1 - 1			B[00 31:10 4:0:1 10010 1011 1001
Principal Place of Business Mailing Address					
26005 NW 122ND STREET 26005 NW 122ND STREET ALACHUA FL 32815 ALACHUA FL 32815				DO NOT WORT IN TURE	ORAGE
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
A 50 - 15	( D	I po 1420 a Address		06/22/1994	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		54-0761320	Not Applicable
Sulte, Apt.	#, B(C.	Suite, Apt. #, etc.		<b>5.</b> Certificate of Status Desired	\$8.75 Additional
22		City R Ctots			Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
Ζίρ	Country	<b>⊢</b> · ⊢	<del>-</del>	8. This corporation owes or has paid the co	urrent year Intangible  Yes No
24	25 25 Name and Address of Current	29 3	<u>:0]</u>	Personal Properly Tax due June 30.  10. Name and Address of New Registered	—
NINDERLINICA, NATULI U			Kant	DUD. HINDOUTICE	
26005 NW 122ND STREET			82 Strept 50	rigual (P. Q. Box Number to Ho! Acceptable)	)
ALACHUA FL 32815			83	21 NW 12 17111 WC	
			83		
			84 City 10		85 Zin Code
			שיז	chua <u>Fi</u>	
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					
	Signature, typed or printed name of registered agent		Registered Agent signature requ		ID DIRECTORO IN AR
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
TITLE	KIRKPATRICK, CHARLES C JR		1.1 TITLE		C Ottoribe C Manifoli
NAME		ı	1.2 NAME		
STREET ADDRESS	26005 NW 122ND STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32615	T DELETE	1.4 CITY - ST - ZIP		Constant Contract
TITLE	VIDVOATONOV DANIOV DAIO	☐ DELETE	2.1 TITLE		Change Addition
NAME	KIRKPATRICK, RANDY D JR		2.2 NAME		
STREET ADDRESS	13521 NW 137TH PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32615		2. 4 CITY-ST-ZIP		<del></del>
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KIRKPATRICK, AARON C		3.2 NAME		
STREET ADDRESS	26005 NW 122 ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32615		3.4 CITY-ST-ZIP		
TALE	P	☐ DELETE	4.1 TITLE		Change Addition
NAME	KIRKPATRICK, NANCY J		4. 2 NAME		
STREET ADDRESS	26005 NW 122ND STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32615		4.4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZiP		
VIII-91-ZIF			■ 0.4 OH 1. OH - 51L		

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.

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