

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F95000001540

1. Corporation Name  
VELDA FARMS, INC.

Principal Place of Business  
402 S KENTUCKY  
STE 500  
LAKELAND FL 33801  
US

Mailing Address  
P O BOX 32000  
LAKELAND FL 33802  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

03/28/1995

4. FEI Number

65-0535168

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required.

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ENGLIS, GREGG L  
STREET ADDRESS 3811 TURTLE CREEK BLVD.  
CITY-ST-ZIP DALLAS TX 75219

TITLE CEO ☐ DELETE

NAME BESHEARS, CLETES O  
STREET ADDRESS 3811 TURTLE CREEK BLVD.  
CITY-ST-ZIP DALLAS TX 75219

TITLE VAS ☐ DELETE

NAME MADDEN, JOHN W  
STREET ADDRESS 3811 TURTLE CREEK BLVD.  
CITY-ST-ZIP DALLAS TX 75219

TITLE VS ☐ DELETE

NAME NOLL, TRACY L  
STREET ADDRESS 3811 TURTLE CREEK BLVD.  
CITY-ST-ZIP DALLAS TX 75219

TITLE P ☐ DELETE

NAME HAWLEY, JAMIE  
STREET ADDRESS 402 S KENTUCKY STE 500  
CITY-ST-ZIP LAKELAND FL 33801

TITLE V ☐ DELETE

NAME LARSEN, NIELS  
STREET ADDRESS 402 S KENTUCKY STE 500  
CITY-ST-ZIP LAKELAND FL 33801

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED  
LARSSEN

4-14-99 841-616-6015

Date

Daytime Phone #

CR2E034 (11/98)

0433395

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90223 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE