Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90001 030 \*\*\*150.00

## 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 # F95000001877

1. Corporation Name

BLUESTE	EM FARM, INC.						
Principal Place	of Business	Mailing Address			- E	)111 <b>001B</b> 2 11 <b>001</b> ( <b>0</b> 141 11	
P.O. BOX 6042 P.O. BOX 6042 LINCOLN NE 68506 LINCOLN NE 68506					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed		
					04/18/1995		
Principal Place of Business     Za. Mailing Address					4. FEI Number		olied For
21		26			47-0739626		Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Rea	
22		27	<u>بـــــر د م</u> ــــر ي	<u>ئىتىن جىن ج</u>			
City & State	e 	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 l Added to	
Zip	Country		Country		8. This corporation owes the current year	r Intangible ☐ Yes	<b>≥</b> No
24	25	29 30	-		Personal Property Tax.  10. Name and Address of New Register		25110
	9. Name and Address of Curren	t Registered Agent	81	Name	4	ed Agent	
STAN	NDRIDGE, STEVE				(same)		
1643 MAYO ST.			82	Street Addre	iss (P.O. Box Number is Not Acceptable) FOX FIRE ROAD		Ì
HOLLYWOOD FL 33020			83		FOXFIRE ROAD		
	2111000 12 00000						
			84	City	HOLLYWOOD	EL 85 Zip C	Code
44	60-4	2 and 607 1509. Florida Statutos th	a above r	od como	ention submits this statement for the nurnos	of changing its	registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was authoritions of, Section 607.0505, Florida S	ized by th statutes.	e corporation	n's board of directors. I hereby accept the ap	pointment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable (NOTE: Regist	ered Acent s	ionature required	when reinstating) DATE		<del></del>
12.			13.	grater require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PVST DELETE 1.11		.1 TITLE			Change	Addition
NAME	EVERETT, DONALD R	1	.2 NAME	ļ			ļ
STREET ADDRESS	5931 S. 58TH ST.	. 1	,3 STREET A	DDRESS			•
CITY-ST-ZIP	LINCOLN NE 68516	1	.4 CITY-ST-Z	<u>z</u> iP			
TITLE	DC	☐ DELETE 2	1 TITLE			☐ Change	Addition
NAME !	EVERETT, DONALD R	2	2 NAME				
STREET ADDRESS		2	3 STREET A	DORESS			
- CITY:ST-ZIP -			4 CITY-ST-	ZIP			
TITLE		☐ DELETE 3	,1 TITLE			☐ Change	Addition
NAME		3	3.2 NAME				}
STREET ADDRESS		3	3.3 STREET A	DDRESS			
CITY-ST-ZIP		3	4. CITY-ST-	ZIP			
TITLE		☐ DELETE 4	,1 TITLE	ļ.	•	Change	☐ Addition
NAME		•	, 2 NAME				
STREET ADDRESS		4	1,3 STREET A	DDRESS			}
CITY-ST-ZIP		4	L4 CITY-ST-Z	ZIP			
TITLE		☐ DELETE 5	5.1 TITLE			☐ Change	☐ Addition
NAME		1 5	5.2 NAME				
STREET ADDRESS		5	3.3 STREET A	DDRESS			
CITY-ST-ZIP			4 CITY-ST-2	ZIP			/== A
mε		☐ DELETE	3.1 TITLE	F		[]] Change	Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP STO 1 45 5 3 6.1

STREET ADDRESS 11/2000 11/11/20050

TITLE

NAME