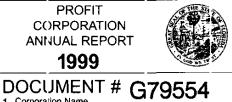
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

CIRCLIE B FARMS, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90125 026 ***150.00 Katherine Harris

Principal Place	e of Business	Mailing Address				- 1 100	1451 1 1101 010	I BIBIK BIGIS BIBIK BI	ikti alali laat
SAND HILL RD.		SAND HILL RD.							
P O BOX 1210	_	P O BOX 1210				DO NOT WRITE IN THE CRACE			
YULEE FL 32'09'	7	YULEE FL 32097				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						01/19/1984			
O Driveine Di	ace of Business	2. Mailing Address				4. FEI Number		Ani	lied For
<u> </u>	ace of business	2a. Mailing Address			NOT APPLICABLE		Not Applicable		
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75 A		
22	.,, 0.00	27				5. Certifcate of Status Desired		Fee Re	quired
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added to	•
Zip	Courtry	Zip Country			8. This corporation owes the cur	rent year	ntangible		
24 25		29 30			Persor al Property Tax.		☐ Yes]No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New	Register	d Agent	
				81	Name				
	ENWEBER, F. MICHAEL			82	Street Ac dre	ess (P.O. Box Number is Not Accept	able)		
	OCEAN FRONT								
NE:P1	TUNE BEACH FL 32233			83					
				84	City			85 Zip C	ode
					•		F	L	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Stat	utes, the al	bove-	named ccrpc	pration submits this statement for the	purpose	of changing its	registered
office care	egistered agent, or both, in the State on familiar with, and accept the obligat	ct Florida. Such change was tions of, Section 607.0505, F	.aumonzed lorida Statt	ı by u ∪tes.	ne corporatio	it's board of Grectors. Thereby acce	pr trie ap	. Omanent da reg	gistorod
SIGNATURE	, ,								
SIGNATURE	Signature, typed or printed na ne of registered agen		T Registered	Agent	signature required		DATE	-	
12.		DIRECTORS	13.			ADDITIONS/CHANGES TO O	FICERS	AND DIRECTO Change	RS IN 12 Addition
TITLE	PTD	☐ DELETE	1.1 TE					Change	L Addition
NAME	LEINENWEBER, ROBERT R.		1.2 NA						
STREET ADDRESS	312 OCEAN FRONT				ADDRESS				
CITY-ST-ZIP	NEPTUNE BEACH FL			TY-\$T-	·ZIP			Change	Addition
TITLE	VSD	☐ DELETE	2.1 111					Change	
NAME	LEINENWEBER, HEIDI S.		2.2 NA						
STREET ADDRESS	312 OCEAN FRONT				ADDRESS				
CITY-ST-ZIP	NEPTUNE BEACH FL	☐ DELETE	2. 4 CI	ITY-ST	-ZIP		_	Change	Addition
TITLE		□ beceit	•						ا
NAME			3 2 NA		ADDDECC				ļ
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.1 TD	ITY-ST	· LIF			Change	Addition
TITLE		- Deterie	4.2 N						_
NAME					AUDDEGG				
STREET ADDRESS				TY-ST-	ADDRESS 7/D				
CITY-ST-ZIP		☐ DELETE	5.1 TI		-ZIP			☐ Change	Addition
TITLE		الماداد ب	5.1 NA						_
NAME STREET ADDRESS					ADDRESS				
STREET ADDRESS			4	TY-ST-	- 1				
CITY-ST-ZIP TITLE		DELETE	6.1 TI					Change	Addition
NAME			6 2 NA	ME				_	
STREET ADDRESS			63ST	REET	ADORESS				
CITY-ST-ZIP	® car≠		6.4 CI	TY-ST-	- ZiP				
O111-01-4F	1								

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 attact ment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

03-31-99

904-249-0513