

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 AUG - 4 AM 10: 25

**DOCUMENT # H23664 (6)**

1. Corporation Name  
**CATALOOCHEE FARM, INC.**

Principal Place of Business <b>1243 LAKEVIEW ROAD PO BOX #5147 CLEARWATER FL 34618</b>	Mailing Address <b>1243 LAKEVIEW ROAD PO BOX #5147 CLEARWATER FL 34618</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>10/02/1984</b>	3a. Date of Last Report <b>05/01/1994</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-1412365</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	28. Country	6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WIGHTMAN, W.S.  
1243 LAKEVIEW ROAD  
CLEARWATER FL 34618**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WIGHTMAN, W. S. JR. 2116 DELLWOOD PD WAYNESVILLE NC</b>	1. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD WIGHTMAN, SUZANNE 530 LUZON AVE TAMPA FL</b>	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD JOSEPH, JERRY 17376 267TH LN REDLANDS FL</b>	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TYRE, DENISE 632 BOSPHOROS TAMPA FL</b>	41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NEAL, CAROL K. 2722 INDIAN SPRINGS RD MARIANNA FL</b>	51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SAUNDERS, PAMELA W. 598 LANGFORD CT. STONE MOUNTAIN GA</b>	61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* 7-31-95 1-813-461-3662  
Date: \_\_\_\_\_