

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

**FILED**

**Apr 15 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H23664 (6)**

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2215 DELLWOOD RD W SUITE A WAYNESVILLE CA 28786 US</b>	Mailing Address <b>2215 DELLWOOD RD W SUITE A WAYNESVILLE NC 28786 US</b>
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3. Date Incorporated or Qualified  
**10/02/1984**

2. Principal Place of Business 21 <b>1402 Dellwood Road</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>1402 Dellwood Road</b> Suite, Apt. #, etc.
22 City & State 23 <b>Waynesville, NC</b>	27 City & State 28 <b>Waynesville, NC</b>
24 Zip <b>28786</b> 25 Country <b>US</b>	29 Zip <b>28786</b> 30 Country <b>US</b>

4. FEI Number **59-1412365** 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**WIGHTMAN, W S JR  
1243 LAKEVIEW ROAD  
CLEARWATER FL 34616**

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 \_\_\_\_\_ (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. 2215 DELLWOOD RD W., SUITE A WAYNESVILLE NC</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD WIGHTMAN, BRENT C. 1402 Dellwood Road Waynesville, NC 28786</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD WIGHTMAN, MARILYN 2215 DELLWOOD RD., SUITE A WAYNESVILLE NC</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>STD JUSTICE, KELLI 1006 Mainsail Drive Unit 211 Naples, FL 34114</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD ROOD, SUZANNE 4515 NENDERSON BLVD TAMPA FL</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>VPD WIGHTMAN, W.S. JR. 1402 Dellwood Road Waynesville, NC 28786</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TYRE, DENISE 632 BOSPHOROS TAMPA FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>SAME</b> <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> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>SAME</b> <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> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>SAME</b> <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE \_\_\_\_\_ (704) 926-6070

CR2E034 (10/97)