


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

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FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90035 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H23664

1. Corporation Name
CATALOOCHEE FARM, INC.



Principal Place of Business 1402 DELLWOOD ROAD WAYNESVILLE CA 28786 US	Mailing Address 1402 DELLWOOD ROAD WAYNESVILLE NC 28786 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Waynesville, NC Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 10/02/1984	4. FEI Number 59-1412365	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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)	2115 Range Road
83	
84 City	FL
85 Zip Code	33765

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

TITLE	VPD <input type="checkbox"/> DELETE
NAME	WIGHTMAN, W. S. JR.
STREET ADDRESS	1402 DELLWOOD ROAD
CITY-ST-ZIP	WAYNESVILLE NC 28786
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	JUSTICE, KELLI
STREET ADDRESS	1006 MAINSAIL DRIVE, UNIT 211
CITY-ST-ZIP	NAPLES FL 34114
TITLE	D <input type="checkbox"/> DELETE
NAME	TYRE, DENISE
STREET ADDRESS	632 BOSPHOROS
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	NEAL, CAROL K.
STREET ADDRESS	2722 INDIAN SPRINGS RD
CITY-ST-ZIP	MARIANNA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SAUNDERS, PAMELA W.
STREET ADDRESS	598 LANGFORD CT.
CITY-ST-ZIP	STONE MOUNTAIN GA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Carolyn Smith
2.3 STREET ADDRESS	2333 Burke Lane
2.4 CITY-ST-ZIP	Marianna, FL 32448
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Brent C. Wightman
5.3 STREET ADDRESS	650 Mountain Lake Drive
5.4 CITY-ST-ZIP	Waynesville, NC 28786
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Date: **1-15-99** Daytime Phone #: **(828) 926-6070**

CRZE034 (11/98)