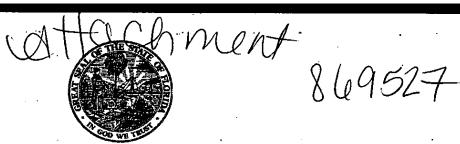
2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 18, 2002 8:00 am Secretary of State

DOCUMENT # -H62675 06-18-2002 90488 047 ***150.00 1. Entity Name FERN FARMS, INC. Principal Place of Business Mailing Address 869527 15129 JOHN'S LAKE ROAD C/O PATRICIA R. BODIFORD P.O. BOX 338 P. O. BOX 338 CLERKMONT FL 34711 **OAKLAND FL 34760-0338** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2541428 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - Name BODIFORD, PATRICIA R Street Address (P.O. Box Number is Not Acceptable) 315 N TUBB ST OAKLAND FL 34760 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** Symptome, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing equirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE . ☐ Change ` ☐ Addition (9/01) NAME BODIFORD, PATRICIA R. NAME STREET ADDRESS 315 N TUBB ST. STREET ADDRESS E034 CITY-ST-ZIP **OAKLAND FL** CITY-ST-ZIP TITLE ☐ Delate TITLE ☐ Change ☐ Addition BODIFORD, HOMER A. NAME NAME STREET ADDRESS 315 N TUBB ST. STREET ADDRESS CITY-ST-ZIP Oakland FL CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE* Děletě IIILE" · Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IME ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State and street and the

May 23, 2002

FERN FARMS, INC. C/O PATRICIA R. BODIFORD P. O. BOX 338 OAKLAND, FL 34760-0338 US

Subject: FERN FARMS, INC.

Reference Number:

H62675

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If-you-have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg ANNUAL REPORTS SECTION