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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # SKYLINE FARM, INC.



H88584

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(8)

FILED May 21 1998 8:00am Secretary of State



Suite, April #, etc. 2 2 27 5. Certificate of Status Desired \$8.75 Additional \$2. 27 5. \$3 tale 5. \$3.00 May Be June 1. \$3.00 May B											
TORN ARTH WEST 118TH COURT OCALA FL 34482 COCALA FL 34482 DO NOT WRITE IN THIS SPACE 3. Date theorporated or CuarRed 12(06)1885 2. Principal Pinds of Business 2. Making Address 2. Making Address 2. Making Address 3. Date theorporated or CuarRed 12(06)1885 3. Date theorporated or CuarRed 13(06)1885 3. Date theorporated or CuarRed 14(06)1885 3. Date theorporated or CuarRed 15(06)1885 3. Date theorporated or C	Principal Place of Business Mailing Address							EL BIBIL BEBELL	JANA DINA NA	III BIBII IBBI	
US Control Write In This SPACE	· · · · · · · · · · · · · · · · · · ·			H COURT							
2. Principal Pace of Business 2s. Making Address		82					DO NOT WRITE IN THIS SPACE				
2. Mailing Address 2. Mailing Address 5. September 1. Septem	U\$ US										
2. Mailing Address 2. Mailing Address 5. Female Namber 1. Applied for							12/06/1985			1	
Suite, April 4 etc. Suito, April 4, etc.	2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address					A	pplied For	
City & State	21		26			59-2606863					
City & State City & State	Suite, Apt. #	, etc.	h1			5. Certificate of Status Desired					
Trust End Counting Added to Fees	22		4								
Zp Zp Zp Zp Zp Zp Zp Zp	 1		-						•		
28		Country		Country							
WELCH, JOHN F. 916 SOUTH EAST FORT KING STREET OCALA FL 34478 ### City FL 85 Zip Code ### City		├ ¬ ´	├-¬ ' ├- ¬			G. This sorpriants of the party					
SIGNATURE Pursuant to the provisions of Sections 607 USG2 and 607 1508, Florida Statutos, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I me finitar with, and accept the obligations of Section 507 USG2 and 607 1508, Florida Statutos, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I me finitar with, and accept the obligations of Section 607 0505, Florida Statutos. SIGNATURE					Ι		10. Name and Address of New R	egistered /	\gent		
STORMATURE Pursuant to the provisions of Sections 607 0502 mark 607 1508. Funds Statutes Full City	WEL	CH. JOHN F.		81	Name						
OCALA FL 34478 83					62	32 Street Address (P.O. Box Number is Not Acceptable)					
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 agent. I am familiar with, and accept the other or provisions to both in the State of Florida Statutes. SIGNATURE 12.	OCALA FL 34478							·			
T. Pursuant to the provisions of Socions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am fermial with, and accept the obligations of, Socions 607 0505, Florida Statutes agent. I am fermial with, and accept the obligations of, Socions 607 0505, Florida Statutes. SIGNATURE 12.					83						
11. Pursuant to the provisions of Sections 607 USCP and 607 1506. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or organical organs. In the State of Indicas Such change with submits and the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the originalisms of Section 607.505. Florida Statutes SIGNATURE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. IN EXAMPLE TO SERRER, ROLAND E. 12. WILL STREET ADDRESS OCALA FL OC					84	City		P*1	85 Zip	Code	
office or rogistered agent, or both, in this State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and me an accept the obligations of, Section 607.050. Florida Statutes. SIGNATURE Dignature, Symbol or protect force of log-steed agent, and the 1 at protective NOTE Registered Agent signature required when senetating) DATE					Ш					ita saniatarad	
Signature: typed or provided and size of agrications (and septiation required when relevations) DATE	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.										
12.	SIGNATURE										
TITLE SPERRES, ROLAND E. 1.1 TITLE 1.2 NAME STREET ADDRESS 7088 N.W. 118TTH COURT 1.3 STREET ADDRESS 7088 N.W. 118TTH COURT 1.3 STREET ADDRESS 7088 N.W. 118TTH COURT 1.3 STREET ADDRESS 7088 N.W. 118TH COURT 1.3 STREET ADDRESS 7088 N.W. 118TH COURT 1.3 STREET ADDRESS 7088 N.W. 118TH COURT 2.2 NAME 7088 N.W. 118TH COURT 2.3 STREET ADDRESS 7088 N.W. 118TH COURT 2.3					u ngo	int alfattine tedans			DIRECTO	RS IN 12	
STREET ADDRESS 7088 N.W. 118TTH COURT 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CCALA FL 1.4 CITY-					TLE			• • •			
STREET ADDRESS 7088 N.W. 118TTH COURT 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CCALA FL 1.4 CITY-		SERRES, ROLAND E.		1.2 N	AME						
TITLE D				1.3 \$	1.3 STREET ADDRESS					li li	
BOEY, YOKE MENG 22 NAME 33 STREET ADDRESS 7088 N.W. 118TH COURT 24 CITY-ST-ZIP OCALA FL Change Addition	CITY-ST-ZIP	OCALA FL 1		1.4 CI	1.4 CITY - ST - ZIP					i	
STREET ADDRESS CITY-ST-ZIP	TITLE			2.1 TI	2.1 TITLE				Change	Addition	
CITY-ST-ZIP	NAME			2.2 N		1					
NAME	STREET ADDRESS			2.3 STF		ADDRESS					
NAME		OCALA FL	T pereze			ST-ZIP			Change	Addition	
STREET ADDRESS 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP			☐ DELETE						Criange	L.J Addition	
CITY-S1-ZIP				- 1	•						
DELETE											
NAME				_		DI-ZIP			Change	Addition	
STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		_		1							
CITY-ST-ZIP	·			4		ADDRESS					
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME											
STREET ADDRESS			☐ DELETE						Change	Addition	
STREET ADDRESS S.4 CITY-ST-ZIP S.4 CITY-ST-ZIP S.7 CITY-ST-ZIP Change Addition Additi	NAME			5.2 N	AME						
TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	STREET ADDRESS			5.3 S	TREET	ADDRESS					
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	CITY-ST-ZIP			5.4 C	ITY-S	T-ZIP					
STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	TITLE		☐ DELETE	6.1 Ti	ITLE					L_] Addition	
CITY-ST-ZIP 6.4 CITY-S1-ZIP	NAME			6.2 N	AME		•		-		
	STREET ADDRESS	•				l l					
14. Thereby 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		wife that the information and the	th this bling does not another				Section 119 07(3)(i) Florida Statutos	I further ce	rtify that th	o information	

Thereby certify that the information supplied with this hing doos not qualify for the exemption stated in Section 1.19.07(3)(), Florida Statules, Turner certify that in information indicated on this annual report for 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 off in a state of the corporation of