

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

0491096

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90016 042 ***150.00

DOCUMENT # **H88584**

1. Corporation Name
SKYLINE FARM, INC.



Principal Place of Business
**7088 NORTH WEST 118TH COURT
OCALA FL 34482
US**

Mailing Address
**7088 NORTH WEST 118TH COURT
OCALA FL 34482
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **7075 NORTHWEST 121st. AVE**

Suite, Apt. #, etc.

22

City & State
23 **OCALA FLORIDA**

Zip Country
24 **34482** 25 **USA**

2a. Mailing Address

26 **7075 NORTHWEST 121st. AVE**

Suite, Apt. #, etc.

27

City & State
28 **OCALA FLORIDA**

Zip Country
29 **34482** 30 **USA**

3. Date Incorporated or Qualified

12/06/1985

4. FEI Number

59-2606863

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**WELCH, JOHN F.
916 SOUTH EAST FORT KING STREET
OCALA FL 34478**

10. Name and Address of New Registered Agent

81 Name **YOKE MENG BOEY SERRES**
82 Street Address (P.O. Box Number is Not Acceptable)
7075 NORTHWEST 121st. AVE.
83
84 City **OCALA** FL 85 Zip Code **34482**

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

(X)

Boey Serres

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SERRES, ROLAND E.**
STREET ADDRESS **7088 N.W. 118TH COURT**
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ DELETE

NAME **BOEY, YOKE MENG**
STREET ADDRESS **7088 N.W. 118TH COURT**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **7075 NW 121st AVE**
1.4 CITY-ST-ZIP **OCALA, FL. 34482**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **7075 NW 121st. AVE**
2.4 CITY-ST-ZIP **OCALA, FL. 34482**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

(X)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99

Date

Daytime Phone #

CR2E034 (11/98)