SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTIBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINTE: \$750).

FILED Jul 16 1998 8:00am FLORIDA DEPARTMENT STATE CORPORATION Sandra B. Morti Secretary of State ANNUAL REPORT Secretary of Stat 1998 DIVISION OF CORPORTONS DOCUMENT # (6)J01306 WELLBORN FARMS, INC. Principal Place of Business Mailing Address % WILLIAM C. GIBBONS, JR. % WILLIAM C. GIBBONS, JR. 10101 S.W. BTH AVE. 10101 S.W. BTH AVE. DO NOT WRITE IN THIS SPACE GAINESVILLE FL \$2607 GAINESVILLE FL 32607 3. Date Incorporated or Qualified 02/26/1986 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 59-2658884 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Ζip Cott 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 . Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GIBBONS, WILLIAM C., JR. 10101 S.W. 8TH AVE. Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32607** City Zip Code 85 Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the ate-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 authorizely 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 States. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registi Agent signature required when reinstating) (2/38)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. TITLE PVS Change Addition 1.1 Ti DELETE NAME GIBBONS, WILLIAM C., JR. 1.2 N/ 10101 S.W. 8TH AVE. 13 ST:T ADDRESS STREET ADDRESS **GAINESVILLE FL** 1.4 CIST-ZIP CITY-ST-ZIP TITLE Change Addition DELETE 2.170 GIBBONS, WILLIAM C., JR. NAME 22 NA 10101 S.W. 8TH AVE. STREET ADDRESS 2.3 STET ADDRESS GAINESVILLE FL CITY-ST-ZIP 2.4 CIST-ZIP TITLE DELETE 3.1 TI ___ Change ___ Addition GIBBONS, SANDRA K NAME 3.2 NE 10101 SW 8TH AVE. 3.3 SET ADDRESS STREET ADDRESS **GAINESVILLE FL** 3.4 C|-ST-ZIP CITY-ST-ZIP 4.1 7 TITLE Change Addition DELETE 4.2 NE STREET ADDRESS 4.3 SEET ADDRESS 4.4 Q-ST-ZIP CITY-ST-ZIP TITLE 5.1 **T**E DELETE NAME 5.2 NE 5.3 SEET ADDRESS STREET ADDRESS 5.4 CY-ST-ZIP CITY-ST-ZIP TITLE Change Addition 6.1 T/E DELETE NAME 6.2 NAE

14. I hereby certify that the Information supplied with this filing does not qualify for the exemion 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 andiat 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 executihis report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on a state that my name address. in Block 12 or Block 13 if changed

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

6.3 SEET ADDRESS

CR2E034