

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90020 004 ***600.00

DOCUMENT # J30801

1. Corporation Name
GRANDPA'S BARN, INC.



Principal Place of Business

4600 CANAL RD
LAKE WALES FL 33853
US

Mailing Address

4600 CANAL RD
LAKE WALES FL 33853
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1986

4. FEI Number
59-2849393

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

2. Principal Place of Business

21 4241 ALAMANDA BLVD
Suite, Apt. #, etc.

2a. Mailing Address

26 4241 ALAMANDA BLVD
Suite, Apt. #, etc.

22 LAKE WALES
City & State

27 LAKE WALES FL
City & State

23 FL
Zip

28 33853 POLK
Country

24 33853 25 POLK

29 33853 30 POLK

9. Name and Address of Current Registered Agent

HORNE, KERMIT R.
ROUTE 3 BOX 172
P O DRAWER 1727
LAKE CITY FL 32056

10. Name and Address of New Registered Agent

81 Name Kermit R. Horne
82 Street Address (P.O. Box Number is Not Acceptable)
4241 ALAMANDA BLVD.
83
84 City LAKE WALES FL 85 Zip Code 33853

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME HORNE, KERMIT R.
STREET ADDRESS I-75 AT US 41 SOUTH
CITY-ST-ZIP LAKE CITY FL

TITLE STD
NAME HORNE, ANNIE L.
STREET ADDRESS I-75 AT US 41 SOUTH
CITY-ST-ZIP LAKE CITY 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 PD ☒ Change ☐ Addition
1.2 NAME Kermit R. Horne
1.3 STREET ADDRESS 4241 ALAMANDA BLVD
1.4 CITY-ST-ZIP LAKE WALES FL 33853

2.1 TITLE STD ☒ Change ☐ Addition
2.2 NAME Annie L. Horne
2.3 STREET ADDRESS 4241 ALAMANDA BLVD
2.4 CITY-ST-ZIP LAKE WALES FL 33853

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: Annie L. Horne 4/21/99 941-439-1537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

0431452