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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J54884

(8)

D & J APIARY, INC.

FILED Mar 18 1997 8:00am Secretary of State



| Principal Place of Business | | Mailing Address | Mailing Address | | T LEGING DIGE BUSIN DEBAN WHAT LOWN AIRN AIRN FIRM OIRN EVERY AIRN AIRN HEAL | | |
|--|--|---|--|---|---|--------------------------------|--|
| % JOHN P. WESTERVELT 13828 YALE HAMMOCK RD UMATILLA FL 32784 | | 13828 YALE HAMMOCI | % JOHN P. WESTERVELT 13828 YALE HAMMOCK RD UMATILLA FL 32784-8149 | | | | |
| US US | ¥10 4 | US | .40 | | 3. Date Incorporated or Qualified 02/01/1987 | 3a. Date of Last 02/26/1996 | • |
| 2. Principal Pi | lane of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| 21 | | 26 | | | 59-2764151 | | Not Applicable |
| Suite, Apt 22 | #, elc | Suite, Apt #, etc. | | | 5. Certificate of Status Desired | | Additional Required |
| City & State | E. | City & State | | | 6. Election Campaign Financing | \$5.0 | O May Be |
| 23 | | 26 | | | Trust Fund Contribution | ☐ Adde | d to Fees |
| Zip | Country | Zιρ | Countr | У | 8. This corporation has liability for in | | s. 1 9 9.032, |
| 24 | 25 | 29 | 30 | | | Yes No | |
| | 9. Name and Address of Cur- | rent Registered Agent | | 1 1 | 10. Name and Address of New Reg | listered Agent | |
| | ITERVELT, JOHN P. | | 81 | l Name | | | |
| | 28 YALE HAMMOCK RD TILLA FL 32784 | | 82 Street Ac | | idress (P.O. Box Number is Not Acceptable) | | |
| UMM | MILLIA FL 32704 | | 83 | 3 | Name of the state | | |
| | | | 84 | City | | FL 85 Zi | p Code |
| off-ce or r agent + p | egistered agelyt, or both yn the St | ata of Florida, Such change w | vas authorizad h | w the cornors | poration submits this statement for the pration's board of directors. I hereby accep | t the appointment | as registered |
| / | 14.744.11.11.11.11 | 14 | | | 1/ | / 1 / 7 / | |
| SIGNATURE | Signature special or printed name of registered | agent and title if applicable | (NOTF: Registered Ap | gent signature requ | uired when reinstating) | 13/97 DATE | |
| SIGNATURE. | | agent and tisk if applicable AND DIRECTORS | (NOTE: Registered Ap | ppar erutangia treçu | ired when reinstating) ADDITIONS/CHANGES TO OFFIC | UARE | ORS IN 12 |
| 12. | | | 13. | | ured when reinstating) | UARE | |
| 12. | OFFICERS. | AND DIRECTORS | 13. | | ured when reinstating) | ERS AND DIRECT | |
| 12. UILE NAME | OFFICERS A | AND DIFFECTORS DELETE | 13. 1.1 TITLE 1.2 NAME | | ured when reinstating) | ERS AND DIRECT | |
| | PD WESTERVELT, JOHN P. | AND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CHY- | et address | ured when reinstating) | ERS AND DIRECTI | e Addition |
| 12. TOTLE NAME STREET ADDRESS | PD WESTERVELT, JOHN P. 13828 YALE HAMMOCK RD UMATILLA FL | AND DIHECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CHY- | et address St-Zip | ured when reinstating) | ERS AND DIRECT | e Addition |
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| 12. UILE NAME STREET ADDRESS CITY-ST-7IP UILE NAME | PD WESTERVELT, JOHN P. 13828 YALE HAMMOCK RD | AND DIHECTORS DELETE DELETE DELETE AVE 32784 | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY | ET ADDRESS ST-ZIP ET ADDRESS -S1-ZIP | ured when reinstating) | ERS AND DIRECTI | e Addition |
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ration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

Date