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FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J88065** **(4)**

1. Corporation Name
NUTMEG FARMS, INC.

Principal Place of Business	Mailing Address
% STEVENS, MARY G. 420 OAK HAVEN DR. ALTAMONTE SPRINGS FL 32701	% STEVENS, MARY G. 420 OAK HAVEN DR. ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 381 Deer Pointe Circle Suite, Apt. #, etc. 22 City & State 23 Casselberry FL Zip 24 32707 Country 25 USA	2a. Mailing Address 26 381 Deer Pointe Circle Suite, Apt. #, etc. 27 City & State 28 Casselberry FL Zip 29 32707 Country 30 USA

3. Date Incorporated or Qualified: 08/13/1987

4. FEI Number: 59-2842585 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

STEVENS, MARY G.
420 OAK HAVEN DR.
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: William L, Stevens
82 Street Address (P.O. Box Number is Not Acceptable): 381 Deer Pointe Circle
83 Suite
84 City: Casselberry FL 85 Zip Code: 32707

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: William L. Stevens, WILLIAM L, Stevens 3/11/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STEVENS, MARY G.		1.2 NAME		
STREET ADDRESS	420 OAK HAVEN DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPG. FL 32701		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STEVENS, MICHAEL		2.2 NAME		
STREET ADDRESS	1093 BERSHIRE RD. N.E.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30306		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STEVENS, WILLIAM		3.2 NAME		
STREET ADDRESS	381 DEER POINTE CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	STEVENS, BURR		4.2 NAME		
STREET ADDRESS	472 OAK HAVEN DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STEVENS, ANTHONY		5.2 NAME		
STREET ADDRESS	3117 PADDLE CREEK DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32223		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	SECRETARY	☑ Change ☐ Addition
NAME	STEVENS, MATTHEW		6.2 NAME		
STREET ADDRESS	2228 KIWI TRAIL		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: William L. Stevens William L. Stevens 3/11/98 (407)