


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

FILED  
Mar 30, 1999 8:00 am  
Secretary of State

03-30-1999 90032 049 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J88065**

1. Corporation Name  
**NUTMEG FARMS, INC.**



Principal Place of Business <b>381 DEER POINTE CIRCLE CASSELBERRY FL 32707 US</b>	Mailing Address <b>381 DEER POINTE CIRCLE CASSELBERRY FL 32707 US</b>
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DO NOT WRITE IN THIS SPACE

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

21. Principal Place of Business <b>900 W Chapman Rd</b>	22. Suite, Apt. #, etc.	23. City & State <b>Oviedo FL</b>	24. Zip <b>32765</b>	25. Country <b>Seminole</b>	26. Mailing Address <b>900 W Chapman Rd</b>	27. Suite, Apt. #, etc.	28. City & State <b>Oviedo FL</b>	29. Zip <b>32765</b>	30. Country <b>Seminole</b>
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9. Name and Address of Current Registered Agent

**STEVENS, WILLIAM L  
381 DEER POINTE CIRCLE  
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81. Name

**Peggy Stevens**

82. Street Address (P.O. Box Number is Not Acceptable)

**900 W Chapman Rd**

83.

84. City

**Oviedo**

**FL**

85. Zip Code

**32765**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-26-99**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STEVENS, MARY G.</b>	
STREET ADDRESS	<b>420 OAK HAVEN DR.</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPG. FL 32701</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STEVENS, MICHAEL</b>	
STREET ADDRESS	<b>1093 BERSHIRE RD. N.E.</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30306</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STEVENS, WILLIAM</b>	
STREET ADDRESS	<b>381 DEER POINTE CIRCLE</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STEVENS, BURR</b>	
STREET ADDRESS	<b>472 OAK HAVEN DRIVE</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32701</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STEVENS, ANTHONY</b>	
STREET ADDRESS	<b>3117 PADDLE CREEK DR.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STEVENS, MATTHEW</b>	
STREET ADDRESS	<b>2228 KIWI TRAIL</b>	
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Peggy Stevens</b>	
1.3 STREET ADDRESS	<b>900 W Chapman Rd</b>	
1.4 CITY-ST-ZIP	<b>Oviedo FL 32765</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Peggy Stevens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3-26-99**

Daytime Phone #

**407-3658604**

CR2E034 (11/98)