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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

J91394

(3)

FILED Jul 16 1998 8:00am Secretary of State

FARMC	D, INC.				
Principal Piac	e of Business	Mailing Address		1 1001/10 0/10 10/04 11000 11/10 10/11 8/0/ 8/0/ 8/0/ 8/0/ 8	
1133 NO. US I		P.O. BOX 5281			
ORMOND BEACH FL 32174		ORMOND BEACH FL 32175			
US		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 09/04/1987	
	Place of Business	2a. Mailing Address		4. FEI Number Applied	For
21		26	·	59-2877351 Not App	plicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additi	
22		[27]		Fee Require	
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May	
23	Country	28	- Country	Trust Fund Contribution	
Zip 24	Country 25	Zip	Country 30	8. This corporation owes or has pald the current year Intenglb Personal Property Tax due June 30. Yes No	
24	9. Name and Address of Curre	29 29 Annt	1301	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
CHI	UMENTO, MICHAEL D.	THE RESIDENCE OF THE PARTY OF T	81 Name	10. Hallo and Addioss of Hon Registered Agent	
	LD KINGS ROAD N.				
	M COAST FL 32037		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
100	M CONOT I E 32037		83		
				· · · · · · · · · · · · · · · · · · ·	
			84 City	FL 85 Zip Code	
11. Pursuant	t to the provisions of sections 607.050	02 and 607.1508, Florida Stat	tutes, the above-named corpo	oration submits this statement for the nurroose of changing its register	red
office or	registered agent, or both, in the Stat	te of Florida. Such change wa	as authorized by the corporat	oration submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as register	red red
office or agent. I a	registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such change wa gations of, section 607.0505,	as authorized by the corporat	oration submits this statement for the nurroose of changing its register	red red
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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 PULL TORON PORTER

2/1/08

GALLIND OLULA