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

## PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K11171

(1)

TIHZ-HO FARM, INC.

FileD Feb 16 1998 8:00am Secretary of State

| Principal Plac   | e of Business                                       | Mailing Address               |                       |                    | [10010111 201 11011 11011 11011 10101 1101             | <b>     </b>        |
|--|---|-------------------------------|-----------------------|--------------------|--|---------------------|
| 4751 GODE  | FREY RD.  | 4751 GODFREY RD.              | 1751 GODFREY RD.      |                    |  |                     |
| CORAL SPRINGS FL 33067 CORAL SPRINGS FL  |   |                               | 3067                  |                    | DO NOT MIDITE IN THE                                   | C CD4.OF            |
|  |   |                               |                       |                    | DO NOT WRITE IN THI  3. Date Incorporated or Qualified | S SPACE             |
|  |   |                               |                       |                    | 01/07/1988   |                     |
| 2. Principal P   | lace of Business                                    | 2a. Mailing Address           |                       |                    | 4. FEI Number  | Applied For         |
| 21   |   | 26                            |                       |                    | 65-0023399   | Not Applicable      |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |   |                               |                       |                    |  | \$8.75 Additional   |
| 22   | 27  |                               |                       |                    | 5. Certificate of Status Desired                       | Fee Required        |
| City & State City & State  |   |                               |                       |                    | 6. Election Campaign Financing                         | \$5.00 May Be       |
| 23 28  |   |                               |                       |                    | Trust Fund Contribution                                | Added to Fees       |
| Zip  |   |                               | Countr                | у                  | 8. This corporation owes or has paid the               |                     |
| 24   | [25]  | [29]                          | 30                    |                    | Personal Property Tax due June 30.                     | Yes No              |
|  | g. Name and Address of Current                      | i Registereo Agent            | 81                    | Name               | 10. Name and Address of New Registere                  | d Agent             |
| BRANAM, CLIFFORD, L  |   |                               | "                     | Name               |  | ŀ                   |
| 4751 GODFREY RD  |   |                               | 82                    | Street Add         | fress (P.O. Box Number is Not Acceptable)              |                     |
|  | SUITE 208   |                               | 83                    |                    | · · · · · · · · · · · · · · · · · · ·                  |                     |
| ٠ ,  | CORAL SPRINGS 33067                                 |                               | Ľ                     |                    |  |                     |
|  |   |                               | 84                    | City               | F  | 85 Zip Code         |
| 11. Pursuant   | to the provisions of Sections 607.0502              | and 607.1508, Florida Statu   | les, the abov         | e-named con        |  |                     |
| 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |   |                               |                       |                    |  |                     |
|  |   |                               |                       |                    |  |                     |
| SIGNATURE  | Stynature: typod or perited name of registered age: | stand title if apple able (NO | IL Registered Ag      | ont signature requ | ired when reinstating) DATE                            |                     |
| 12.  | OFFICERS AND  |                               | 13.                   |                    | ADDITIONS/CHANGES TO OFFICERS A                        | ND DIRECTORS IN 12  |
| TITLE  | D   | DELETE                        | 1.1 TITLE             |                    |  | Change Addition     |
| NAME   | SMITH, SALLY E.                                     |                               | 1.2 NAME              |                    |  | ;                   |
| STREET ADORESS   | 4751 GODFREY ROAD                                   |                               | 1.3 STREET ADDRESS    |                    |  |                     |
| CITY-ST-ZIP  |   |                               | 1.4 CITY-             | ST-ZIP             | ·  |                     |
| TIFLE  | D   | ☐ DELETE                      | 2 1 TITLE             | -                  |  | Change Addition     |
| NAME   | BRANAM , CLIFFORD L.                                |                               | 2 2 NAME              |                    |  |                     |
| STREET ADDRESS   | 4751 GODFREY ROAD                                   |                               |                       | 1 ADDRESS          |  | İ                   |
| CITY-ST-ZIP  | CORAL SPRINGS FL                                    | DELETE                        | 2.4 CITY-             | ST-ZIP             | · · · · · · · · · · · · · · · · · · ·                  | Change Addition     |
| TITLE  |   | □ btitit                      | 3.1 TITLE<br>3.2 NAME |                    |  |                     |
| NAME<br>Street address   |   |                               |                       | T ADDRESS          |  |                     |
| CITY-ST-ZIP  |   |                               | 3 4 CITY              | 1                  |  |                     |
| TITLE  |   | DELETE                        | 4 1 TITLE             | 31-21              | · · · · · · · · · · · · · · · · · · ·                  | Change Addition     |
| NAME   |   |                               | 4. 2 NAME             |                    |  |                     |
| STREET ADDRESS   |   |                               |                       | ADDRESS            |  |                     |
| CITY-ST-ZIP  |   |                               | 4.4 CITY-             | - 1                |  |                     |
| TITLE  |   | ☐ DELETE                      | 5.1 TITLE             |                    | * ·  | ☐ Change ☐ Addition |
| NAME   | 5.21  |                               | 5.2 NAME              |                    |  |                     |
| STREET ADDRESS   | DDAESS 5.3  |                               | 5.3 STREE             | 1 ADDRESS          |  |                     |
| City - St - ZiP  |   |                               | 5.4 CITY-             | ST-ZIP             |  |                     |
| TITLE  |   | ☐ DELETE                      | 6 1 TITLE             |                    |  | ☐ Change ☐ Addition |
| NAME   |   |                               | 6.2 NAME              |                    |  |                     |
| STREET ADDRESS   |   |                               | 63STREE               | T ADDRESS          |  |                     |
| CITY-ST-ZIP  |   |                               | 6.4 CITY-             | ST-ZIP             |  |                     |

14. Thereby 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 suppliemental 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 thin 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.

Climat Thran

1998

954-752-0916