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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # K51939

1. Corporation Name

GRADY SWEAT FARMS, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90089 005 ***150.00

Principal Place of Business Mailing Address						j		,		
C/O H. G. SWEAT 15038 BALM RD		C/O H. G. SWEAT P O BOX 416	P O BOX 416				DO NOT WRITE IN TH	IC CDACE		
BALM FL 33503		— — — — — — — — — — — — — — — — — — —	BALM FL 33503 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
US		03					12/16/1988			
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number Applied F			
21		26	26				59-2925226		Not Applicable	듸
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>				5. Certifcate of Status Desired Sa.75 Additional Fee Required			
City & State		City & State	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28	28				Trust Fund Contribution Added to Fees			
Zip	Country Zip			Country			8. This corporation owes the current year I		_	j
24	25	29 30	<u> </u>	_			Personal Property Tax.	☐ Yes	□No	_
	9. Name and Address of Curre	nt Registered Agent		- 4 [10. Name and Address of New Registere	d Agent		-
CWE	AT U.C.	and the second of the second o		81	Name	1. 2	·			ļ
	AT, H. G.			82	Street A	Addres	s (P.O. Box Number is Not Acceptable)			7
	8 BALM RO						<u> </u>			-
BALF	VI FL 33503			83						ĺ
•				84	City			. 85 Zi	ip Code	_
					•		F			
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stati m familiar with, and accept the oblig	e of Florida. Such change was auth	orized	d by ti	named he corpo	corpora pration?	ation submits this statement for the purpose of submits this statement for the purpose of submits and of directors. I hereby accept the app	of changing ointment as	its registered registered	
SIGNATURE	•									
	Signature, typed or printed name of registered ag		gistered	Agent :	signature re	equired wi	hen reinstating) DATE			ĝ
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS A	AND DIREC		1/89/
TITLE	PD	☐ DELETE		1.1 TITLE				[_] Chang	je	1 -
NAME	SWEAT, H. G.		1.2 NAME							E034
STREET ADDRESS	15038 BALM RD.				ADDRESS					1 4
CITY-ST-ZIP	BALM FL	El aciere	1.4 CITY-		ZIP			Chang	ge	<u></u> ⊟ 2
TITLE	STD	☐ DELETE	2.1 TITLE		l l			T Cuana	je	" "
NAME	SWEAT, ELIZABETH A.		2.2 NAM							
STREET ADDRESS	15038 BALM RD.		2.3 STREET ADDRESS							
CITY-ST-ZIP	BALM FL		2. 4 CITY-ST-ZIP			110		[7] Chang	ge	_
TITLE	VD	☐ DELETE	3.1 TITLE		• •			K Cuana	le Tivadiao	"
NAME	YEILDING, JOAN S.		3.2 NAME				lding, Joan S.			
STREET ADDRESS	699 DUNBLANE DR.		ľ		_	38 Balm Rd.				
CITY-ST-ZIP	WINTER PARK FL		3.4. CITY-ST-ZIP 4.1 TITLE		Balı	m, Fl. 33503	Chang	ge Addition	<u>, , , , , , , , , , , , , , , , , , , </u>	
TITLE		C 💆 🗆 OELEȚE)4 — (30000)	~ i
NAME			4. 2 N				,			
STREET ADDRESS					address					
CITY-ST-ZIP		□ DELETE	4.4 CITY-ST-		ZIP			☐ Chang	ge	_
TITLE		☐ DELETÉ	5.1 TITLE 5.2 NAME						,	
NAME	orse.		5.3 STREET ADDRESS							
STREET ADORESS				ITY-ST-						
CITY-ST-ZIP	<u> </u>	DELETE	6.1 TI		- 4JF			☐ Chang	ge	_
TITLE		□ ndrete	6.2 N					Contract	,- <u></u> ,	"}
NAME	** 1 - *		1		NODD-00					l
STREET ADDRESS	·	:	6.3 S	IKEE! A	ADDRESS					1

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: