


FILED

Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90014 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K53384

1. Corporation Name

CROOK CREEK FARM, INC.

~~Crook Creek Farms, Inc.~~

Principal Place of Business

815 BAYSHORE DRIVE
NICEVILLE FL 32578

Mailing Address

815 BAYSHORE DRIVE
NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1988

4. FEI Number

59-2948121

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax.☐Yes ☐ No

2. Principal Place of Business

21 4209 Millside Rd.

2a. Mailing Address

28 4209 Millside Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Laurel Hill, FL

City & State

28 Laurel Hill, FL

Zip

Country

24 32567

25 USA

Zip

Country

29 32567

30 USA

9. Name and Address of Current Registered Agent

GREEN, H. BYRON
815 BAYSHORE DRIVE
NICEVILLE FL 32578

Change

10. Name and Address of New Registered Agent

81 Name H. BYRON GREEN

82 Street Address (P.O. Box Number is Not Acceptable)
4209 Millside Rd.

83

84 City Laurel Hill

FL

85 Zip Code 32567

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETENAME GREEN, H. BYRON
STREET ADDRESS 153 BAYWIND DRIVE
CITY-ST-ZIP NICEVILLE FLTITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President, Treasurer ☐ Change ☒ Addition

1.2 NAME Cynthia Holloway

1.3 STREET ADDRESS 4209 Millside Rd.

1.4 CITY-ST-ZIP Laurel Hill, FL 32567

2.1 TITLE President, Secretary ☒ Change ☐ Addition

2.2 NAME H. BYRON GREEN

2.3 STREET ADDRESS 4209 Millside Rd.

2.4 CITY-ST-ZIP Laurel Hill, FL 32567

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: H. BYRON GREEN

4/8/99

850-585-1904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)