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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K87080

1. Corporation Name

ORLANDO PFUNNY PFARM, INC.

Principal Place of Business
14908 TILDEN ROAD
WINTER GARDEN EL 24797

Mailing Address

14908 THIREN ROAD

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90259 019 \*\*\*150.00



WINTER GARDE		WINTER GARDEN FL 34787				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						05/09/1989		
2. Principal Pl	pal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21		26				59-2957122	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				I E Cortifonto of Statue Decired I I	5 Additional Required	
City & State	9 .	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
23   Zip	Country	Zip Country				8. This corporation owes the current year Intangible		
¬ ·	25	F .	30			Personal Property Tax.	□No	
24	9. Name and Address of Current	<del></del>	<u> </u>			10. Name and Address of New Registered Agent		
	J. Halle and Address of Carton	Trogististed Figure	- 1	81	Name			
THO	MAS, JAMES MILTON		L	_				
1490		82 Street Addr		Street A	ddress (P.O. Box Number is Not Acceptable)			
	TER GARDEN FL 34787		83					
				-				
	•				City	F <u>L    </u>	Zip Code	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	t Florida. Such change was aut	honzed	by th	named c ne corpor	orporation submits this statement for the purpose of changing ration's board of directors. I hereby accept the appointment a	its registered s registered	
SIGNATURE						puired when reinstating) DATE		
	Signature, typed or printed name of registered agent		13.	Agent s	signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS	CTORS IN 12	
12.	OFFICERS AND	DELETE	1,1 TITLE			DR OL-		
TITLE	_				1	DP 💹 Char	• –	
NAME	THOMAS, JAMES MILTON		1.2 NAME				1	
STREET ADDRESS	15668 W STATE RD 50			1.3 STREET ADDRESS				
CITY+ST-ZIP	WINTER GARDEN FL			4 CITY-ST-ZIP		S	ge [X] Addition	
TITLE		☐ DETE LE	2.1 TITL		- 1	5 -	go A radiaon	
NAME			2.2 NAM			THOMAS, MARGARET W.	{	
STREET ADDRESS	•		_ 2.3 STF	REETA	NDDRESS	15668 W COLONIAL DR.		
CITY-ST-ZIP			2. 4 CIT		ZIP	WINTER GARDEN, FL 34787	nge Addition	
TITLE		☐ DELETE	3.1 ∏∏	E		☐ Char	ige [] Addition	
NAME			3.2 NA	ΝE				
STREET ADDRESS			3.3 STF	REETA	DDRESS			
CITY-ST-ZIP				3.4. CITY-ST-ZIP		C7.0L	ngo D Addition	
TITLE	DELETE 4.1 T		4.1 TITL	E	1	Char	ige 🗌 Addition	
NAME			4. 2 NA	ME				
STREET ADORESS			4.3 STF	REETA	ADDRESS			
CITY-ST-ZIP			4.4 CIT	4.4 CITY-ST-ZIP				
TITLE	<b>_</b>		5.1 TITL		İ	☐ Char	nge	
NAME			5.2 NAM				1	
STREET ADDRESS					ODRESS		1	
CITY-ST-ZIP	<u> </u>	<u></u>	5.4 CIT		ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	6.1 T/T	LE		☐ Char	nge	
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 STF	REETA	ADDRESS		į	
CITY-ST-ZIP			6.4 CIT					
14. I hereby o	ertify that the information supplied with	n this filing does not qualify for t	the exen	nptio	n stated	in Section 119.07(3)(i), Florida Statutes. I further certify that t	he 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:

4/15/99 407-656-8277
Date Daytime Phone #