

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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90173 044 \*\*\*150.00

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DOCUMENT # L93506

1. Corporation Name

ARBORGATE FARMS, INC.

Principal Place of Business

1831 N BELCHER RD G3  
CLEARWATER FL 33765

Mailing Address

1831 N BELCHER RD G3  
CLEARWATER FL 33765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1990

4. FEI Number

59-3025517

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

~~WARD, R. CARLTON~~  
~~1253 PARK STREET~~  
~~CLEARWATER FL 34616~~

10. Name and Address of New Registered Agent

81 Name

JAMES M. HAMMOND

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

1831 N. Belcher Rd., #A-1

83

84 City

Clearwater

FL

85 Zip Code

33765

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 PST  
NAME KRIVACS, JAMES K.  
STREET ADDRESS ~~750 SAMANTHA DR.~~  
CITY-ST-ZIP ~~PALM HARBOR FL~~

TITLE D  
NAME KRIVACS, JAMES K.  
STREET ADDRESS ~~750 SAMANTHA DR.~~  
CITY-ST-ZIP ~~PALM HARBOR FL~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 1831 N. Belcher Rd., #G-3  
1.4 CITY-ST-ZIP Clearwater, FL 33765

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 1831 N. Belcher Rd., #G-3  
2.4 CITY-ST-ZIP Clearwater, FL 33765

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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:

*James K. Krivacs*  
JAMES K. KRIVACS

Date

Daytime Phone #

1-21-99

727-791-7556

CR2E034 (1/1/98)