## 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 # M29574

BIRDS AND FRIENDS, INC.

(4)

## FILED Jan 29 1998 8:00am Secretary of State

					li
Principal Plac	e of Business	Mailing Address			111
16000 N.W. 2		18000 N.W. 208TH ST			
OKEECHOBE		OKEECHOBEE FL 34972			
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 03/27/1986	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied I	For
21	_	26		59-1027293 59-272347/ Not Appl	icable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition	nal
22		27		Fee Required	
City & Stat	е	City & State		Election Campaign Financing \$5.00 May B	3e
23		28	1	Trust Fund Contribution Added to Fee	s
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	e
24	25	29	30	Personal Property Tax due June 30. Yes No	
	9, Name and Address of Curr	ent Hegistered Agent	81 Name	10. Name and Address of New Registered Agent	
	NELY & CONELY, P.A.		Name		,
	7 N.W. SECOND AVENUE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
UK	EECHOBEE FL 34972		83		
			[63]		
			84 City	85 Zip Code	
44 5	10 0070	000 1 007 4000 Ft- 11- Best 1		FL 2 25 COO	
office or r	egistered agent, or both, in the Sta	te of Florida. Such change was a	authorized by the corpora	progration submits this statement for the purpose of changing its registation's board of directors. I hereby accept the appointment as registed	red
agent. I a	m familiar with, and accept the obli	igations of, Section 607.0505, Fi	orida Statutes.		}
SIGNATURE	0	Alor	f . Registered Agent signature req	guired when reinstating) DATE.	
12,	Signature, typed or printed name of registered a  OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.	<del>,</del> -
TITLE	PO	DELETE	1,1 TITLE		odition
NAME	Vaughn, John R., Jr.		1.2 NAME	·	İ
STREET ADDRESS	16000 NW 216TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL		1.4 CITY - ST - ZIP		ĺ
TITLE	D	DELETE	2.1 TITLE	☐ Change ☐ A	ddition
NAME	LIPPE, JEFF		2.2 NAME		
STREET ADDRESS	16000 NW 216TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL		2.4 CITY-ST-ZIP		İ
TITLE		DELETE	3 1 TITLE	☐ Change ☐ A	ddition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE	Change A	ddition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ļ
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change ☐ A	ddition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		ŀ
TITLE		DELETE	6.1 1ITLE	☐ Change ☐ A	ddition
NAME			62 NAME		ŀ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
<del></del>				O C AND OTROPO PRO LE ONICE DE LA CONTRACTOR DE LA CONTRA	

4. 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 trusted 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.