## 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 # M89245 (8)

BILL AND MARIA LONG FARM, INC.

FILED	
Apr 23 1998 8:00am	1
Secretary of State	

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Principal Place of Business	Mailing Address		t innehadit ibt tatte zaite tiatt minnt mit fielt bibit fint fielt fielt fibit indi		
1405 CENTERVILLE RD	1405 CENTERVILLE RD				
STE 5000 STE 5000 TALLAHASSEE FL 32306 4662 TALLAHASSEE FL 32306 4662		ARCO	DO NOT WRITE IN THIS SPACE		
US	TALLAHASSEE FL 32308 US	14002	3. Date Incorporated or Qualified		
••			07/12/1988		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For		
21	26				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional		
22	27	·	Fee Required		
City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23	28	Constant	Trust Fund Contribution		
Zip Country 25	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
9. Name and Address of Current R	29 Registered Agent	30]	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent		
LONG, WILLIAM D.  81 Name					
1405 CENTERVILLE RD		ļ.,			
STE 5000		82 Street	Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32312		83			
17 Mar # 2100 Mar   2 020 Mar					
		84 City	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607,0502 a	nd 607.1508, Florida Statuti	es, the above-named			
office or registered agent, or both, in the State of agent, I am familiar with, and accept the obligation	Florida. Such change was a ons of, Section 607,0505, Flo	authorized by the corp orida Statutes.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered		
SIGNATURE					
Signature, typed or printed name of registered agrint a	ndittle (Lappicable. (NOT)	E: Registered Agent signature	required when reinstating) DATE		
12. OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DELETE	1.1 TITLE	☐ Change ☐ Addition		
NAME LONG, WILLIAM D.		1.2 NAME			
STREET ADDRESS 3535 N MERIDIAN RD		1.3 STREET ADDRESS			
CRY-SI-ZIP TALLAHASSEE FL	DELETE	1.4 CITY-ST-ZIP			
1010 111011	☐ ottett	2.1 TITLE	☐ Change ☐ Addition ] Change		
BEAC HINESIGHII BOAR		2.2 NAME			
TALLALIA COPE PL		2.3 STREET ADDRESS			
TITLE TALLAMASSEE FL	DELETE	2 4 CITY - ST - ZIP 3 1 TITLE	Change Addition		
NAME	בין סגנניונ	32 NAME	Cuange T vanishii		
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition		
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TITLE	Change Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS	]		
CITY-SI-ZIP		5.4 CITY - ST - ZIP	}		
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition		
NAME		62 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			
14. Thereby certify that the information supplied with indicated on this angual report or supplier and a	this filing does not qualify for	or the exemption state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the Information nature shall have the same legal effect as if made under oath; that I am an		
officer or director of the corporation or the receive	er or trustee empowered to a	execute this report as	required by Chapter 607, Florida Statutes; and that my name appears in		

Maria N. Long Mund Any 4/20/98 850-893-7812

SIGNATURE: