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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # M91788

SUMMIT FARMS, INC.

## FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90064 016 \*\*\*150.00



and the state of t							
Principal Place		Mailing Address		1 (40)(80) (10) (10)			
PO BOX 901 WINTER HAVEN FL 33882-0901 US		P O BOX 901 Winter Haven FL 33882-0901 US		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed 07/29/1988			
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Ar	plied For	
21	lace of Business	26		59-2930957		ot Applicable	
Suite, Apt.	#, etc.	Suite-Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional -	
22	• ,	27		5. Certificate of Status Desired	Fee Re	equired	
City & State	e , ` .	City & State		Election Campaign Financing     Trust Fund Contribution	1 1	May Be to Fees	
Zip	Country	Zip C	Country	8. This corporation owes the curre		·	
24	25	29 30		Personal Property Tax.	□Yes	□No	
	9. Name and Address of Current	Registered Agent	04  11	10. Name and Address of New R	egistered Agent		
DAN	tzler, r t		81 NameDA	alteur, R. Topo			
	TH ST N.W		82 Street Ad	dress (P.O. Box Number is Not Acceptate	ble)		
	TER HAVEN FL 33881		83				
`	· Litter i L 33331						
	Λ		84 City		FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	April 607.1508, Florida Statutes, the	e above-named co	rporation submits this statement for the p	ourpose of changing its	registered	
office or re	egistered agent, or both in the State of	Florida, Such change was authorized of Section 607 0505. Florida Si	zed by the corpora tatutes.	orporation submits this statement for the pation's board of directors. I hereby accep	t the appointment as re	egistered	
	VC 1700 /UM	Ne			1129144		
SIGNATURE	Signature, typed or printed name of registered agent		ered Agent signature requ		DATE		ó
12.	OFFICERS ANI		3.	ADDITIONS/CHANGES TO OFF	Change	Addition	-
TITLE	D .		1 TITLE	SIE TO D TON			7
NAME	TODD, DANTZLER, R.		2 NAME (				9
	DIO POVIDALNIA			DANTZLER, R. TODD.			9
STREET ADDRESS	P.O. BOX 901 N/A	1.	3 STREET ADDRESS	1963 (2001) (N. 1,000)			TCC
CITY-ST-ZIP	P.O. BOX 901 N/A WINTER HAVEN FL 33882	1.1.	3 STREET ADDRESS 4 CITY-ST-ZIP	)AD12CC 14, 15 1, 00B	☐ Change	☐ Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		1.: 1.1 1.2 1.2 2.2 2.2 2.3 3.3 3.3 3.4 4.4 4.4 4.4 4.5 1.2 1.3 1.4 4.5 1.3 1.4 4.5 1.3 1.4 4.5 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3	3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME	JAS (2001-), (** 1,006)	☐ Change	Addition Addition	
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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 suppliemental 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 of the receiver of 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 attactiment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: