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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49108

1. Corporation Name
TOO FAR, INC.

Principal Place of Business
8618 E. ORANGE AVENUE
FLORAL CITY FL 34436
US

Mailing Address
P.O. BOX 980
FLORAL CITY FL 34436
US



2. Principal Place of Business 21 8618 E. Orange Avenue Suite, Apt. #, etc. 22	2a. Mailing Address 26 P.O. Box 980 Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 05/27/1992
23 City & State Floral City	28 City & State Floral City, FL	4. FEI Number 59-3124707 Applied For Not Applicable
24 Zip 34436 Country Citrus	29 Zip 34436 Country Citrus	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GERLACH, CARL
5673 S PERCH PT
FLORAL CITY FL 34436

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	ROBINSON, FRANK	1.2 NAME	
STREET ADDRESS	8717 E BRADLEY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL 34436	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	CHADWICK, KENNETH	2.2 NAME	
STREET ADDRESS	505 HUNTING LODGE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34453	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S
NAME	HEDDEN, LEE	3.2 NAME	Diaz-Fonseca, Sophia
STREET ADDRESS	12350 E. WALTON DRIVE	3.3 STREET ADDRESS	9236 E. Redwood Pl
CITY-ST-ZIP	FLORAL CITY FL	3.4 CITY-ST-ZIP	Inverness, FL 34450
TITLE	T	4.1 TITLE	
NAME	GERLACH, CARL	4.2 NAME	
STREET ADDRESS	5673 S PERCH PT	4.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL 34436	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	HARTMAN, LARRY	5.2 NAME	
STREET ADDRESS	8686 MARVIN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL 34436	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MOTLOW, DUDLEY	6.2 NAME	
STREET ADDRESS	1206 CYPRESS COVE CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34450	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 617, 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: Carl C. Gerlach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)