

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

99 SEP 28 PM 2:12

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DOCUMENT # P92000007269

1. Corporation Name 35 FARMS, INC.

Principal Place of Business 2700-C N.W. 43RD STREET GAINESVILLE FL 32606

Mailing Address 2700-C N.W. 43RD STREET GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

21. Principal Place of Business 2772 NW 43rd St.

2a. Mailing Address P.O. Box 566

3. Date Incorporated or Qualified 01/01/1993

4. FEI Number 59-3173226

Applied For Not Applicable

22. Suite, Apt #, etc. Suite S

Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23. City & State Gainesville, Fla.

27. City & State GAINESVILLE, FL.

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24. Zip 32606

Country

28. Zip 32602

Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAPPENECKER, STEPHEN A 2700-C N.W. 43RD ST. GAINESVILLE FL 32606

81 Name

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

83

84 City

FL

85

Zip Code

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 D RAPPENECKER, STEPHEN A 2700-C N.W. 43RD ST. GAINESVILLE FL 32606

TITLE D ANDERSON, C N 440 OAK RIDGE COURT LAKE BLUFF IL 60044

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 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

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

100003006311--8 -10/05/99--01100--012 *****550.00 *****550.00

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 the 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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen A Rappenecker

9/27/99

352-377-5900

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CR2E034 (1/1/98)