


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90018 039 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P92000012776 ✓  
 1. Corporation Name  
 B & D FARMS OF IMMOKALEE, INC.

Principal Place of Business: 808 E. MAIN ST, IMMOKALEE FL 33934, US  
 Mailing Address: P.O. BOX 5308, N/A, IMMOKALEE FL 33934, US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 306 E. Main Street, Suite, Apt. #, etc.  
 22 City & State: Immokalee, FL  
 23 Zip: 34142, Country: USA

3. Date Incorporated or Qualified: 12/14/1992  
 4. FEI Number: 65-0380232  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing: \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property: Yes  No

9. Name and Address of Current Registered Agent  
 O'QUINN, JAMES W  
 808 EAST MAIN ST.  
 IMMOKALEE FL 33934

10. Name and Address of New Registered Agent  
 81 Name: JAMES W. O'QUINN  
 82 Street Address (P.O. Box Number is Not Acceptable): 306 E. MAIN STREET  
 84 City: IMMOKALEE, FL 85 Zip Code: 34142

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, 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	<input type="checkbox"/> DELETE	1.1 TITLE: DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: O'QUINN, JAMES W		1.2 NAME: O'QUINN, JAMES W.	
STREET ADDRESS: 808 E. MAIN ST		1.3 STREET ADDRESS: 306 E. MAIN STREET	
CITY-ST-ZIP: IMMOKALEE FL 33934		1.4 CITY-ST-ZIP: IMMOKALEE, FL 34142	
TITLE: DST	<input type="checkbox"/> DELETE	2.1 TITLE: DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: O'QUINN, APRIL M		2.2 NAME: O'QUINN, APRIL M	
STREET ADDRESS: 808 E. MAIN ST		2.3 STREET ADDRESS: 306 E. MAIN STREET	
CITY-ST-ZIP: IMMOKALEE FL 33934		2.4 CITY-ST-ZIP: IMMOKALEE, FL 34142	
TITLE: DS	<input type="checkbox"/> DELETE	3.1 TITLE: DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ST JOHN, KRISTA S		3.2 NAME: ST JOHN, KRISTA S	
STREET ADDRESS: 808 E. MAIN ST		3.3 STREET ADDRESS: 306 E. MAIN STREET	
CITY-ST-ZIP: IMMOKALEE FL 33934		3.4 CITY-ST-ZIP: IMMOKALEE, FL 34142	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ July 8, 1999 (941) 657-4114  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (941) 657-5275  
 Daytime Phone #

CR2E034 (5/99)