FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90103 026 ***150.00

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

DOCUMENT # **P93000003213**1. Corporation Name

PARRISH'S COUNTRY LAD FARM, INC.

	O OCONTILLAD I ALIMI								
Principal Place	of Business	Mailing Address				1 13311031 133			
1300 S FRENCH AVE		1300 S FRENCH AVE				i			
BOX 4 C		BOX 4 C							
SANFORD FL 32771		SANFORD FL 32771				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifer 01/15/1993	<u> </u>		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				59-3163112		No	t Applicable
Suite, Apt. i	# etc.	Suite, Apt. #, etc.				* C		\$8.75	
22	.,	27				5. Certificate of Status Desired	<u>ب</u>	Fee Re	quired
City & State	9	City & State				6. Election Campaign Financing	, _□	\$5.00	May Be
23		28				Trust Fund Contribution	<u></u>	Added 1	to Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the cu	rrent year Int	angible	. }
	25	29	30			Personal Property Tax.		Yes	⊠ No
24	9. Name and Address of Currer					10. Name and Address of New	Registered	Agent	
	U. Tabile dile Floores C. Delice		8	1 Nar	ne				1
PARF	RISH, HAROLD I		<u> </u>	_		(D.O. Dischlassis Net Assess	table)		
	S FRENCH AVE		8	32 Stre	et Addre	ss (P.O. Box Number is Not Accep	itable)		
BOX			1	33					
	FORD FL 32771			~					
JAN1	OND IL SETT		1	34 City	ĩ		FL	85 Zip	Code 🗧 🖯
						To all		changing ita	registered
11. Pursuanti	to the provisions of Sections 607.050 egistered agent, or both, in the State				orporation	n's board of directors. I hereby acc	ept the appoi	ntment as re	egistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Fit	niga Statut	es.					
office or re agent. I as	m familiar with, and accept the obligations of the obligation of t	ations of, Section 607.0505, Fit	niga Statut	es.		when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·	
agent. I a	m familiar with, and accept the obligation of registered age	ations of, Section 607.0505, File and and title if applicable. (NOTE ND DIRECTORS	: Registered A	gent signat			DATE	ID DIRECTO	ORS IN 12
agent. I as	m familiar with, and accept the obligation of registered age OFFICERS Af	ant and title if applicable. (NOTE	Registered A	gent signat		when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·	
agent. I as SIGNATURE 12.	signature, typed or printed name of registered age OFFICERS Af D PARRISH, HAROLD I	ant and title if applicable. (NOTE ND DIRECTORS	: Registered A	gent signat		when reinstating)	DATE	ID DIRECTO	ORS IN 12
agent. I as SIGNATURE 12.	m familiar with, and accept the obligation of registered age OFFICERS Af	ant and title if applicable. (NOTE ND DIRECTORS	E: Registered A 13. 1.1 TITL 1.2 NAM	gent signat	ure required	when reinstating)	DATE	ID DIRECTO	ORS IN 12
agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS	signature, typed or printed name of registered age OFFICERS Af D PARRISH, HAROLD I	ant and title if applicable. (NOTE ND DIRECTORS	13. 1.1 TITU 1.2 NAW	gent signat	ure required	when reinstating)	DATE	ID DIRECTO	DRS IN 12
agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS At D PARRISH, HAROLD I 1300 S FRENCH AVE BOX 4 (ant and title if applicable. (NOTE ND DIRECTORS	13. 1.1 TITU 1.2 NAW	gent signat E IE EET ADDRI	ure required	when reinstating)	DATE	ID DIRECTO	ORS IN 12
agent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS At D PARRISH, HAROLD I 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771	ations of, Section 607.0505, File	:: Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY	gent signat E IE EET ADDRI 7-ST-ZIP	ure required	when reinstating)	DATE	ID DIRECTO	DRS IN 12
agent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS At D PARRISH, HAROLD I 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771 D PARRISH, ELSIE T	ations of, Section 607.0505, File and title if applicable. (NOTS DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAW	gent signat E E EET ADDRI (-ST-ZIP E	ESS	when reinstating)	DATE	ID DIRECTO	DRS IN 12
agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI D PARRISH, HAROLD I 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771 D PARRISH, ELSIE T 1300 S FRENCH AVE BOX 4 (ations of, Section 607.0505, File and title if applicable. (NOTS DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR	gent signat E EET ADDRI (-ST-ZIP E RE EET ADDRI	ESS	when reinstating)	DATE	ID DIRECTO	DRS IN 12
agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS At D PARRISH, HAROLD I 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771 D PARRISH, ELSIE T	ations of, Section 607.0505, File and title if applicable. (NOTS ND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT	gent signat E E EET ADDRI (-ST-ZIP E ME GET ADDRI Y-ST-ZIP	ESS	when reinstating)	DATE	ID DIRECTO	DRS IN 12
agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AI D PARRISH, HAROLD I 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771 D PARRISH, ELSIE T 1300 S FRENCH AVE BOX 4 (ations of, Section 607.0505, File and title if applicable. (NOTS DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL	gent signat E EET ADDRI /- ST- ZIP E EET ADDRI Y-ST-ZIP	ESS	when reinstating)	DATE	D DIRECTO	DRS IN 12 Addition
agent. I as signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered age OFFICERS AI D PARRISH, HAROLD I 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771 D PARRISH, ELSIE T 1300 S FRENCH AVE BOX 4 (ations of, Section 607.0505, File and title if applicable. (NOTS ND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW	gent signat E E EET ADDRI /-ST-ZIP E EET ADDRI Y-ST-ZIP E AE	ESS ESS	when reinstating)	DATE	D DIRECTO	DRS IN 12 Addition
agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AI D PARRISH, HAROLD I 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771 D PARRISH, ELSIE T 1300 S FRENCH AVE BOX 4 (ations of, Section 607.0505, File and title if applicable. (NOTS ND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CITT 3.1 TITL 3.2 NAW 3.3 STR	gent signation E EET ADDRI (-ST-ZIP E EET ADDRI Y-ST-ZIP E AE AE	ESS ESS	when reinstating)	DATE	D DIRECTO	DRS IN 12 Addition
agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI D PARRISH, HAROLD I 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771 D PARRISH, ELSIE T 1300 S FRENCH AVE BOX 4 (Allons of, Section 607.0505, File and title if applicable. (NOTE NO DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT	gent signat E E EET ADDRI /-ST-ZIP E EET ADDRI Y-ST-ZIP E AE AE Y-ST-ZIP AF AF AF AF AF Y-ST-ZIP	ESS ESS	when reinstating)	DATE	D DIRECTO	DRS IN 12 Addition
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI D PARRISH, HAROLD I 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771 D PARRISH, ELSIE T 1300 S FRENCH AVE BOX 4 (ations of, Section 607.0505, File and title if applicable. (NOTS ND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT 4.1 TITL	gent signat E EET ADDRI (-ST-ZIP E EET ADDRI Y-ST-ZIP E AE EET ADDRI Y-ST-ZIP E Y-ST-ZIP E Y-ST-ZIP E F AE	ESS ESS	when reinstating)	DATE	D DIRECTO	DRS IN 12 Addition Addition
agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI D PARRISH, HAROLD I 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771 D PARRISH, ELSIE T 1300 S FRENCH AVE BOX 4 (Allons of, Section 607.0505, File and title if applicable. (NOTE NO DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAW 4.2 NAW 4.3 STR 4.2 NAW 4.3 STR 4.1 TITL 4.2 NAW 4.3 NAW 4.3 STR 4.1 TITL 4.2 NAW 4.3 NAW 4.3 STR 4.1 TITL 4.2 NAW 4.3	gent signat E EET ADDRI (-ST-ZIP E EET ADDRI Y-ST-ZIP E ME ME ME ME ME ME ME ME ME	ESS ESS	when reinstating)	DATE	D DIRECTO	DRS IN 12 Addition Addition
agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS At D PARRISH, HAROLD I 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771 D PARRISH, ELSIE T 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771	Allons of, Section 607.0505, File and title if applicable. (NOTE NO DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITU 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITU 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITU 4.2 NAM 4.3 STR	Gent signat E EET ADDRI (-ST-ZIP E EET ADDRI Y-ST-ZIP E ME EET ADDRI Y-ST-ZIP E ME ME ME ME	ESS ESS	when reinstating)	DATE	D DIRECTO	DRS IN 12 Addition Addition
agent. I as signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS At D PARRISH, HAROLD I 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771 D PARRISH, ELSIE T 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771	ations of, Section 607.0505, File and and title if applicable. (NOTE ND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CITY 4.4 CITY 4.4 CITY	Gent signat E EET ADDRI (-ST-ZIP EET ADDRI Y-ST-ZIP E AE EET ADDRI Y-ST-ZIP E ME EET ADDRI Y-ST-ZIP E ME ME ME ME ME ME ME ME ME	ESS ESS	when reinstating)	DATE	D DIRECTO Change Change Change	DR\$ IN 12 Addition Addition
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS At D PARRISH, HAROLD I 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771 D PARRISH, ELSIE T 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771	Allons of, Section 607.0505, File and title if applicable. (NOTE NO DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITU 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STR 2.4 CITT 3.1 TITU 3.2 NAM 3.3 STR 4.1 TITU 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITU 5.1 TITU 5.1 TITU 5.1 TITU 5.1 TITU	gent signat E EET ADDRI (-ST-ZIP E EET ADDRI Y-ST-ZIP E ME EET ADDRI Y-ST-ZIP E ME ME EET ADDRI Y-ST-ZIP E ME ME	ESS ESS	when reinstating)	DATE	D DIRECTO	DRS IN 12 Addition Addition
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS At D PARRISH, HAROLD I 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771 D PARRISH, ELSIE T 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771	ations of, Section 607.0505, File and and title if applicable. (NOTE ND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITU 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITU 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITU 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITU 5.2 NAM	Gent signat E EET ADDRI (-ST-ZIP E EET ADDRI Y-ST-ZIP E ME EET ADDRI Y-ST-ZIP E ME EET ADDRI Y-ST-ZIP E ME ME EET ADDRI Y-ST-ZIP E ME	ESS ESS ESS	when reinstating)	DATE	D DIRECTO Change Change Change	DR\$ IN 12 Addition Addition
agent. I air SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI D PARRISH, HAROLD I 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771 D PARRISH, ELSIE T 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771	ations of, Section 607.0505, File and and title if applicable. (NOTE ND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR	Gent signat E IE EET ADDRI (-ST-ZIP E EET ADDRI Y-ST-ZIP E ME EET ADDRI H ET ADRI H ET ADDRI H ET ADRI H ET ADDRI H ET ADRI H E	ESS ESS ESS	when reinstating)	DATE	D DIRECTO Change Change Change	DR\$ IN 12 Addition Addition
agent. I air SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI D PARRISH, HAROLD I 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771 D PARRISH, ELSIE T 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771	Allons of, Section 607.0505, File and title if applicable. (NOTS ND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY 5.4 CITY 5.4 CITY 5.5 TITTL 5.7 NAM 5.3 STR 5.4 CITY 5.	Gent signat E IE EET ADDRI (-ST-ZIP E EET ADDRI Y-ST-ZIP E ME ET ADDRI Y-ST-ZIP E ME ET ADDRI Y-ST-ZIP	ESS ESS ESS	when reinstating)	DATE	D DIRECTO Change Change Change	DR\$ IN 12 Addition Addition Addition
agent. I air SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI D PARRISH, HAROLD I 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771 D PARRISH, ELSIE T 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771	ations of, Section 607.0505, File and and title if applicable. (NOTE ND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR	Gent signat E IE EET ADDRI (-ST-ZIP E EET ADDRI Y-ST-ZIP E ME ET ADDRI Y-ST-ZIP E ME ET ADDRI Y-ST-ZIP	ESS ESS ESS	when reinstating)	DATE	D DIRECTO Change Change Change	DR\$ IN 12 Addition Addition
agent. I air SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI D PARRISH, HAROLD I 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771 D PARRISH, ELSIE T 1300 S FRENCH AVE BOX 4 (SANFORD FL 32771	Allons of, Section 607.0505, File and title if applicable. (NOTS ND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY 5.4 CITY 5.4 CITY 5.5 TITTL 5.7 NAM 5.3 STR 5.4 CITY 5.	Gent signat E IE EET ADDRI (-ST-ZIP E EET ADDRI Y-ST-ZIP E EET ADDRI Y-ST-ZIP E EET ADDRI H ET A	ESS ESS ESS	when reinstating)	DATE	D DIRECTO Change Change Change	DR\$ IN 12 Addition Addition Addition

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 with all other like empowered. CITY-ST-ZIP

6.4 CITY-ST-ZIP