Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90113 020 ***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 # **P93000004469**1. Corporation Name

SAWGR	ASS FARM, INC.								
Principal Plac	e of Business	Mailing Address	_			1 (881488) EIN 1818	r 111/1 40 112 43 111 46 111 6	DII) WELL G (\$() 016)!	erita (81) (36)
7355 69TH ST.						DC	NOT WRITE IN T	HIS SPACE	
						e Incorporated of 13/1993	r Qualifed		
2. Principal P	lace of Business	2a. Mailing Address		_	,	Number		Ap	plied For
21		26			65	<u>0384134 </u>			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	۵		5. Cer	tifcate of Status	Desired _ 🗀	\$8.75 . Fee Re	Additional equired -
City & Stat	de	City & State				ction Campaign st Fund Contrib	- 11	\$5.00 Added	May Be to Fees
Zip	Country 25	Zip 29 30	Country		1	s corporation ow sonal Property	es the current year ax.	Intangible	□No
	9. Name and Address of Current	Registered Agent			10. Na	ne and Addres	s of New Register	ed Agent	
tuo	VD DOBIN A		81	Name					
(LLOYD, ROBIN A =660 BEA€HLAND BL VD. ==			82	Street Addre	ss (P.O. I	3ox Number is I	lot Acceptable)		
CUITE 004			83	3545	<u>Ocear</u>	<u>n Drive</u>	Suite 2	201	
VERO BEACH FL 32963			63						
· ·	•		84			Beach	_	·L	Code 32963
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was autho	rized by 1	the corporation	oration sut n's board	omits this staten of directors. I he	ent for the purpose reby accept the ap	of changing its pointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Regi	istered Ageni	signature required	when reinsta	ting)	DATE		
12.	OFFICERS AND		13.		_ ADD	ITIONS/CHANG	ES TO OFFICERS	AND DIRECTO	
TITLE	D	☐ DELETE	1.1 TITLE] .	pire	ctor/Pro	esident	Change	☐ Addition
NAME			1.2 NAME			7355 69th Street			ĺ
STREET ADDRESS	HIS PRESTWICK GIRCLE		1.3 STREET				Florida	32067	į
CITY-ST-ZIP			1.4 CITY-ST	-ZIP	vero	beach,	FIULIUA	□ Change	Addition
TITLE		☐ DELETE	2.1 TITLE					□ Citaliĝe	Addition
NAME			2.2 NAME	+555550					
STREET ADDRESS			2.3 STREET						
CITY-ST-ZIP.			2. 4 CITY-5" 3.1 TITLE	1-ZIP				Change	☐ Addition
NAME			3.2 NAME					·	Ì
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4, CITY-S	r-zip					
TITLE		☐ DELETE	4.1 TITLE					☐ Change	Addition
NAME ,	}		4.2 NAME						ļ
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST	-ZIP					□ A 3 3 32
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition (
NAME ,			5.2 NAME	ADDRESS					
STREET ADORESS		ļ	5.3 STREET						}
CITY-ST-ZIP		□ DELETE	5.4 CITY-ST 6.1 TITLE	-417				☐ Change	☐ 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 chapped, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP