## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 24 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000005530 (9)

	BARBE	RVILLE P	RODUCE, INC.									
Pri	incipal Plac	e of Busines	\$	N	Maiting Address					<b>BEIE</b> L BIJEF		
131 WEST HWY. 40 BARBERVILLE FL 32105					P.O. BOX 66 Barberville fl 32105				DO NOT WRITE IN THIS SPACE			
1									3. Date Incorporated or Qualified			
									01/04/1993			
	Principal P	incipal Place of Business			. Mailing Address				4, FEI Number	-		plied For
21	Cuito Ant	# Alo		26	Suite, Apt. #, etc.				59-3163294			t Applicable
22					27				5. Certificate of Status Desired			Additional equired
_	City & State				City & State				6. Election Campaign Financing			May Be
23	<b>Zip</b> Country			28					Trust Fund Contribution			o Fees
24	<b>2</b> (p				30	, cry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
	-	o Name	nme and Address of Current Registered Ager			1301			10. Name and Address of New Registers			
	BIG	GERS, DA		· — - <del>-</del>			B1	Name	10.			
		1 WEST HV				-	B2	Diseas Add	toos (C.O. Doublember in Not Assessable)			
BARBERVILLE FL 32105								Street Add	dress (P.O. Box Number is Not Acceptable)			
1						ī	ва					
						ļ.,	94	City		lo-1	Zin (	Sodo .
								City	F		•	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 register 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 pented name of registered agent and tide if applicable.  (NOTE Registered Agent signature required when reinstating)  DATE												registered
12			OFFICERS AN	ID DIRE		13.			ADDITIONS/CHANGES TO OFFICERS A			
TITL		PICCED	S, DAVID C		L_J DELETE	1.1 TITL				∐ CI	ange	☐ Addition
NAJ			ST HIGHWAY 100			1.2 NAN						
1	EET ADORESS	SAN MA						ADDRESS				
TITL	Y-ST-ZIP	ST	MEO I L	DELETE		2.1 TITU		T - ZIP			nange	Addition
NAS			LATI, VIRGINIA D			2.1 NAM					ka igo	
	EET ADDRESS		UTH HIGHWAY 17					ADDRESS				
1	r-ST-ZiP		ALATKA FL			2.3 SIN		ſ				
TITL		VP			DELETE			11-211		L. Ch	anne	☐ Addition
NAN		CHRISTA JACOB BIGGERS			<u>-</u>		3.1 TITLE 3.2 NAME				•	
STR	EET ADDRESS		ST HWY 100					ADDRESS				
cm	Y-ST-ZIP	SAN MA	TEO FL			3.4. CfT						
TIR					4.1 TITLE			Ct	nange	Addition		
NAA	AE					4 2 NA)	ME					
STR	EET ADDRESS					4.3 STRI	EET	ADDRESS				
_cm	r-\$1-ZIP					4.4 City	/~S1	T - ZIP				
TITL	E				DELETE	5.1 TITL	E			☐ Ch	ange	Addition
NAN	AE					5.2 NAM	1E					
STR	EET ADDRESS					5.3 STR	EET.	ADDRESS				
cin	r+ST-ZIP					5.4 CITY	<u>(-</u> S1	T- ZIP				
TITL	E				DELETE	6.1 TITL	E			Ch	nange	Addition
NAL	ur Í					6.2 NAM	A.C	1				í

6.3 STREET ADDRESS

14. Thereby 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 granged, or on an attachment with an address.