Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90091 038 \*\*\*158.75

## 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 # P93000018709

HIGH HO	PES FARM, INC.					
Principal Place	of Business	Mailing Address				
31825 INVESTOR ROAD P. O. BOX 936						
SORRENTO FL 32776 MT. DORA FL 32757					DO NOT WRITE	IN THIS SPACE
US US					3. Date Incorporated or Qualifed	III THO OF ACE
		,			02/25/1993	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3171816	Not Applicable
Suite, Apt. #	‡, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the curren	t year Intangible
24	25	29 30			Personal Property Tax.	☐ Yes 🔼 No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	jistered Agent
			8	1 Name		
	DDOCK, JACK K		82	2 Street Ad	dress (P.O. Box Number is Not Acceptable	e)
31825 INVESTOR RD						
SORF	rento fl		8	3		ļ
			8	4 City	•	85 . Zip Code
				1 1	orporation submits this statement for the purious board of directors. I hereby accept	FL 63 Zip Code
agent. I ar	m familiar with, and accept the oblig	ent and title if applicable. (NOTE: Re	Juliu		ation's board of directors. I hereby accept in the state of the state	DATE
12.		ND DIRECTORS	1.1 TITLE		ADDITIONO/OFFICE TO SEE	☐ Change ☐ Addition
TITLE	PDARDOCK IACK K	- DELETE				
NAME	BRADDOCK, JACK K		1.2 NAME			{
STREET ADDRESS	31825 INVESTOR RD			ET ADDRESS		
CITY-ST-ZIP	SORRENTO FL	☐ DELETE	1.4 CITY- 2.1 TITLE			☐ Change ☐ Addition
TITLE	ST PRADDOCK FUZABETILL	C DECEIE		ļ		
NAME	BRADDOCK, ELIZABETH L		2.2 NAME	i		
STREET ADDRESS	31825 INVESTOR RD			ET ADDRESS		
CITY-ST-ZIP	SORRENTO FL	☐ DELETE	2.4 CITY 3.1 TITLE			☐ Change ☐ Addition
TITLE			3.1 HILE 3.2 NAMI			·- • · · ·
NAME				ET ADDRESS		
STREET ADDRESS			3.4. CITY			
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			Change . Addition
TITLE			4. 2 NAM			
NAME				EET ADDRESS		
STREET ADDRESS			4.3 STR			
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		· · ·	☐ Change ☐ Addition
TITLE			5.2 NAM	1		
NAME				EET ADDRESS		
STREET ADDRESS			5.4 CITY			
CITY-ST-ZIP		☐ DELETE	6.1 TITL			☐ Change ☐ Addition
TITLE		<u></u>	6.2 NAM	e İ		
NAME			6.3 STRI	EET ADDRESS		

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 recorder 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

SIGNATURE:

STREET ADDRESS