


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

FILED

Feb 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000033275 (7)**

1. Corporation Name  
**EDNEY FARMS, INC.**

Principal Place of Business

8230 NW CTY RD 236  
ALACHUA FL 32616  
US

Mailing Address

PO BOX 1480  
ALACHUA FL 32616  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/07/1993**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>10413 NW 245 TERR</b>	26 <b>10413 NW 245 TERRACE</b>	<b>65-0408425</b>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23 <b>Alachua</b>	28 <b>Alachua</b>		
Zip	Country	29 <b>32615</b>	30 <b>USA</b>
24 <b>32615</b>	25 <b>USA</b>		

9. Name and Address of Current Registered Agent

**EDNEY, BARBARA G**  
**8230 NW CTY RD 236**  
**SANTA FE FL 32615**

10. Name and Address of New Registered Agent

81 Name	<b>EDNEY, BARBARA G</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>10413 NW 245 Terrace</b>
83	
84 City	<b>Alachua FL</b>
85 Zip Code	<b>32615</b>

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 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

*Barbara G. Edney*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-1-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDNEY, LEWIS P</b>	1.2 NAME	
STREET ADDRESS	<b>PO BOX 1480</b>	1.3 STREET ADDRESS	<b>10413 NW 245 Terrace</b>
CITY-ST-ZIP	<b>ALACHUA FL</b>	1.4 CITY-ST-ZIP	<b>Alachua, FL 32615</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDNEY, BARBARA</b>	2.2 NAME	
STREET ADDRESS	<b>PO BOX 1480</b>	2.3 STREET ADDRESS	<b>10413 NW 245 Terrace</b>
CITY-ST-ZIP	<b>ALACHUA FL</b>	2.4 CITY-ST-ZIP	<b>Alachua, FL 32615</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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:

*Barbara G. Edney*

**2-1-98**

CR2E034 (10/97)