

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90087 029 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999X <del>1998</del> X 1999		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000039401  
1. Corporation Name

Fancy Farms Sales, Inc

Principal Place of Business	Mailing Address
3838 Fancy Farms Rd. Plant City, FL. 33566	P. O. Box K Plant City, FL. 33564

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
6/03/1993

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3185196	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	7. This corporation owes or has paid the current year Intangible	
24	25	Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	29		
	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Crocker, James A.  
3607 Ralston Rd.  
Plant City, FL 33567

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip 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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grooms, Carl R.	1.2 NAME	
STREET ADDRESS	3838 Fancy Farms Rd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Plant City, FL 33566	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Crocker, James A.	2.2 NAME	
STREET ADDRESS	3607 Ralston Rd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Plant City, FL 33567	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grooms, David	3.2 NAME	
STREET ADDRESS	3917 Cason Rd.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Plant City, FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grooms, Donnie J.	4.2 NAME	
STREET ADDRESS	3838 Fancy Farms Rd.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Plant City, FL 33566	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Crocker

4/29/99

813/752-1914

Date

Daytime Phone #

CR2E034 (10/97)