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 # P93000058850 1. Corporation Name

-BISING STAR FARM, INCORPORATED

FILED May 03, 1999 8:00 am Secretary of State 05-03-1999 90068 045 ***150.00

Principal Plac	e of Business	Mailing Address			## #11### #### 1#1#1 #\$1#\$ #### ####
3705 NW 130TH AVE 3705 NW 130TH AVE OCALA FL 34482 OCALA FL 34482			DO NOT WRITE IN TH	IS SDACE	
US		US	•	3. Date Incorporated or Qualifed	IS SPACE
ļ				08/23/1993	
├ - ¬	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	 	65-0432457	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23	<u> </u>	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax.	☐ Yes ♣No
<u> </u>	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registere	a Agent
WADSWORTH, BRITT				Oritt WWILLGA	0
12801 NW 35ST				reet Address (P.O. Box Number is Not Acceptable)	}
OCA	NLA FL 34482		83	12801 NIW- 35"	X < L
		•	84 Ci	<u> </u>	85 Zip Code
 				· UCATA	L 34480
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					
office or registered agent, or both, im the State of Florida. Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the objections of, Section 607 p.995, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agend	Mulle	xan	Attre required when reinstating) DATE	5/79
12,	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	SDVT	DELETI		1965 1/T/S/p/c	Change Addition
NAME	WADSWORTH, BRITT E	_	1.2 NAME	Britt Mulligan	
STREET ADDRESS	12801 NW 35TH ST		1.3 STREET ADDR		
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP		41182
TITLE		☐ DELETI		VM	☐ Change ☐ Addition
NAME			2.2 NAME	MICHAEL MULLIGA	. ')
STREET ADDRESS			2.3 STREET ADDI		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	OCALA FL. 34	18 2
TITLE		☐ DELETI	3.1 TITLE		☐ Change ☐ Addition
NAME	100 m		3.2 NAME • •		
STREET ADDRESS			3.3 STREET ADDR	RESS	•
CITY-ST-ZIP	<u> </u>	·	3.4. CITY-ST-ZIP		
TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETI			☐ Change ☐ Addition
NAME	- :	· 🕳 🕝	4, 2 NAME		
STREET ADDRESS		-	4.3 STREET ADDR	RESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETI			☐ Change ☐ Addition
NAME			5.2 NAME	150	,
STREET ADDRESS	the second second	ب جہسمین	5.3 STREET ADDR	RESS	{
CITY-ST-ZIP		☐ DELETE	5.4 CITY: ST-ZIP		☐ Change ☐ Addition
TITLE		רו מברבונ	6.2 NAME		☐ custifie ☐ vocition
NAME		÷	6.3 STREET ADDR	ese	
STREET ADDRESS			6.4 CITY-ST-ZIP		,
CITY-ST-ZIP	İ		■ 0.4 UIT-31-ZIP	1	Y

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, with all other like empowered.

SIGNATURE: