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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000065297

LONGVI	EW STOCK FARM, INC.							
Principal Plac	ce of Business	Mailing Address				I UBILL BUELL OF	11 0 B 1101 01110 110	ia (014) 1981 1981
2631 KILGORE BRIDGE RD 1400 GLEN RD WOODRUFF SC 29388 WEST PALM BEACH FL 33406								
US	1406		DO NOT W	RITE IN TH	IS SPACE			
		US		T I	3. Date Incorporated or Qualif			
					09/15/1993			
'	Place of Business	2a. Mailing Address			4. FEI Number		. A	pplied For
Suite, Apt.	ш	26			65-0451170			lot Applicable
22 Suite, Apt.	. #, е.с.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional tequired
City & Stat	te	City & State			6. Election Campaign Financin	ng		May Be
23		28			Trust Fund Contribution	. 9 🗆		to Fees
Zip	Country	Zip	Country		8. This corporation owes the c	urrent year	Intangible	
24	25	29	30		Personal Property Tax.		Yes Yes	□No
	9. Name and Address of Current	t Registered Agent	81 Na	···	10. Name and Address of Nev	w Registere	d Agent	
нит	SON, JOE D		81 Na	ne				
	GLEN RD		82 Street Add		(P.O. Box Number is Not Acce	ptable)		
WEST PALM BEACH FL 33406			83		The state of the s	20,000	THE STATE OF	1111156161
	_		84 Cit	,		F	85 Zip	Code
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	of Florida. Such change was a	uthorized by the c	ed corpora orporation's	tion submits this statement for the board of directors. I hereby acc	he purpose cept the app	of changing its ointment as re	s registered egistered
_	im familiar with, and accept the obligati	ions of, Section 607.0505, Flo	rida Statutes.		•			
SIGNATURE	Signature, typed or printed name of registered agent			rw beniupen enu	en reinstating)	DATE		<u>. </u>
_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE		ure required wh	ADDITIONS/CHANGES TO C		AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	13.	ure required wh			AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND DP HUTSON, JOE D	and title if applicable. (NOTE	Registered Agent signa 13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO C			
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND DP HUTSON, JOE D 1400 GLEN RD	and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR		ADDITIONS/CHANGES TO C			
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND DP HUTSON, JOE D 1400 GLEN RD WEST PALM BEACH FL	and title if applicable. (NOTE DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP		ADDITIONS/CHANGES TO C		Change	Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90098 024 ***150.00