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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300

P93000075320 (0)

G & G FARMS, INC.

4 6 6	FARMS, INC.							
		•						
Principal Place	e of Business	Mailing Address					AL DATES HILLD	
23401 SW 202	AVENIE	23401 SW 202 AVENUE						
HOMESTEAD FL \$3031		HOMESTEAD FL 33031						
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified		
2. Principal P	lace of Business	2a. Mailing Address				10/25/1993 4. FEI Number		Applied For
21	and or prosince	26				65-0450411		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						5 Additional
22	·	27				5. Certificate of Status Desired		Required
City & State	3	City & State		6. Election Campaign Financing	\$5.0	О Мау Ве		
23	and the second s	28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the cu		
24	25 9. Name and Address of Curre	29	30			Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes	∐ No
OAL		mi negistereo Agont		81	Name	10, Name and Address of New Hogisterou	Agont	
	ITHER, MITCHELL 101 SW 202 AVENUE							
	MESTEAD FL 33031			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
110	MEGIEND I C 3003 I			83				
					01:		T 1 =	
				84	City	FL	85 Zij	p Code
11. Pursuant t	to the provisions of Sections 607 05	02 and 607.1508, Florida Statu	tos, the al	oove	-named cor	poration submits this statement for the purpose o	f changing	its registered
agent. La	egistered agent, or born, in the son m familiar with, and accept the obl-	e of Florida. Such change was gations of, Section <mark>607,0505,</mark> Fl	aumonzei lorida Stat	a by utes.	me corpora ·	ation's board of directors. I hereby accept the app	ointhent i	as registered
SIGNATURE								
	Signature, typed or presed name of regeneral a			Ager	nt signature redu	ired when reinslating) DATE	D DIOEOT	650 111 10
12.	OFFICERS AF	ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO Change	
NAME	GAITHER, MITCHELL			1.1 TITLE 1.2 NAME			C Cuanti	,Agoillois
STREET ADDRESS 23401 SW 202 AVENUE		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	HOMESTEAD FL 33031		1.4 CITY - ST - ZIP		1			
TITLE	8	DELETE	2.1 TITLE				Change	e Addition
NAME	GAITHER, WENDY		2.2 NAME					
STREET ADDRESS	23401 SW 202 AVENUE		2.3 ST	REET A	ADDRESS			
CITY-ST-ZIP	HOMESTEAD FL 33031		2.4 C	11Y-\$1	T- 2)P			
TITLE		☐ DE LETE	3.1 TINLE				☐ Change	e 🔲 Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 ST	REET A	ADDRESS			
CITY-ST-ZIP		T BÉLETE	3 4. CITY-ST-ZIP		r- ZIP		——————————————————————————————————————	1.100
TITLE	DELETE			41 THILE			☐ Chánge	e L Addition
NAME CODECX ADDRESS			4. 2 NAME 4.3 STREET ADDRESS					
STREET ADDRESS			1					
CITY-ST-ZIP TITLE			4.4 CITY-ST-ZIP 5.1 TITLE		- ZIP		Change	e Addition
NAME		Las ocicit	5.2 NA					, L Addition
STREET ADDRESS	*				ADDRESS			
CITY-ST-ZIP			5.3 31 5 4 Cil					
TITLE		DELETE	61 TIT		£11		Change	e Addition
NAME			62 NA	ME				ļ
STREET ADDRESS			63 S1	REET A	ADDRESS			
			1					

64 C/TY-SI-7/P

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 suppliemental 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 trusted 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 attachinent with an address.

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May 13 1998 8:00am

Secretary of State