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 # P93000078437 (9)

DETOUR FARM, INC.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

22

23 Zip

24

Mailing Address

3.1 TITLE

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

DELETE

DELETE

DELETE

DELETE

FILED May 19 1998 8:00am Secretary of State

Principal Place	a of Business	Mailing Address	**		
6710 IDLEWILD \$T FT. MYERS FL 33912 US		15462-FIDDLEGTICKS-BLYD FTMYERS-FL-80912 US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 11/12/1993	
2. Principal Place of Business		2a. Mailing Address 26 (0716 Odl	ewild 51.	4, FEI Number 65-0455813	Applied For Not Applicable
Suite, Apt	#, e tc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	3	City State 28 F. My	15,F1	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	28 33 9/2 3	Country O U S	This corporation owes or has paid the c Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cu	rrent Registered Agent	B1 Name ✔	10. Name and Address of New Registere	d Agent
POPOLI, JAYE L 6710 IDLEWILD ST FT: MYERS FL 33912			B2 Street Andress (P.O. Boy) tumber is Net Accordable)		
			84 City	1. Myers F	L 85 33919
11. Pursuant f office or re agent. Lai	to the provisions of Sections 607. egistered agent, or both, in the S m familiar with, and accopythe of	0502 and 607.1508, Florida Statutes Iale of Florida. Such change was aut bligations of, Section 607.0505, Flori	, the above-named co thorized by the corpor da Statuteş.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	opointment as registered
SIGNATURE	Signalure system or printed name of registeror	ms ha CDAW	S B U Registered Agent signature req	<u> </u>	7-98
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	Popoli, jaye l		1.2 NAME		
STREET ADDRESS	15492 FIDDLESTICKS BLV	D.	1.3 STREFT ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33912		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	DANSBY, NORMA		2.2 NAME		
STREET ADDRESS	59 5 PECK AVE.		2.3 STREET ADDRESS	,	ļ
CITY-ST-ZIP	FT. MYERS FL 33919		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TIT1 F		Change Addition

Change

Change

Change

Addition

Addition

Addition

14. Thereby certify that the information supplied with this filling 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 logal 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.

レカ MAKITRU 4-16-9 A