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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 P93000088578 (8) DOCUMENT #

SAILFISH TREE FARM, INC.

Principal Place of Business

Mailing Address

831 S.W. PINE TREE LANE

831 S.W. PINE TREE LANE PALM CITY FL 34990

## **FILED** Jan 27 1998 8:00am Secretary of State



PALM CITY FL 34990 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/20/1993 างเล่าไing Address 4. FEI Number e or Business Applied For 65-0456577 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip 8. This corporation owes or has paid the current year ntangible Personal Property Tax due June 30. 
Yes X No 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JOHNSON, DAWN B 831 S.W. PINE TREE LANE Street Address (P.O. Box Number is Not Acceptable) 82 PALM CITY FL 34990 83 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 reinstalling) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Спапае Addition JOHNSON, GEORGE G NAME 1.2 NAME 831 S.W. PINE TREE LANE STREET ADDRESS 1.3 STREET ADDRESS PALM CITY FL 34990 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change ☐ Addition TITLE JOHNSON, DAWN B NAME 2.2 NAME 831 S.W. PINE TREE LANE STREET ADDRESS 2.3 STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP 2, 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE \_\_\_ Change TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ... Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5,3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby 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 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 concoration 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:

CR2E034