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 # P9400000846

1. Corporation Name

N.O.V. FARMS, INC.

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90128 040 ***150.00



Principal Place	e of Business	Mailing Address			_				
6906 SIMMONS LOOP RIVERVIEW FL 33569 6906 SIMMONS LOOP RIVERVIEW FL 33569						DO NOT WRITE IN TH	IS SPACE		
						3. Date Incorporated or Qualifed 01/01/1994			
Principal Place of Business 2a. Mailing Address						4. FEI Number		plied For	
26						59-3218221	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt #, etc				5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	<u>. </u>	City & State	28			6. Election Campaign Financing Trust Fund Contribution	Added to Fees		
Zip	Country	Zip Coun'				8. This corporation owes the current year Intangible		□No	
24	25		30		_	Personal Property Tax.	Yes	□No	
ļ	9. Name and Address of Curre	nt Registered Agent		04	Alama	10. Name and Address of New Registere	a Agent		
NGUYEN, THANH				81 Name					
6906 SIMMONS LOOP					Street Addre	Address (P.O. Box Number is Not Acceptable)			
HIVE	RVIEW FL 33569		1	83					
				- }	City	F		Code	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State on familiar with, and accept the obliga	e of Florida. Such change was au	ithorized:	by tr	named corpo ne corporation	ration submits this statement for the purpose is board of directors. I hereby accept the app	of changing its contment as re	registered gistered	
SIGNATURE									
	Signature, typed or profed name of registered age		- 10	kgents	signature required		DIDEOTA	200 111 40	
12.		ND DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFFICERS	Change	JRS IN 12 ☐ Addition	
TITLE	P	☐ DELETE	1 1 7 7 7				onunge		
NAME	NGUYEN, THANH Q		1 2 NAN						
STREET ADDRESS	13105 SIMMONS ROAD		И		ADORESS				
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NAME	NGUYEN, THANH Q.		2.2 NAN		70	LYEN SIMONIALS LOOP			
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NAME:	NGUYEN, UYEN		3 2 NAN		//	IN CHANNEL RAAD			
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NAME			2 NA						
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STREET ADDRESS			H.		ADDRESS				
CITY-ST-ZIP			54 CIT		ZIP		Change		
TITLE		☐ DELETE	61 TITL				Change	☐ Addition	
NAME			62 NAA						
STREET ADDRESS			ı		ADDRESS				
CITY OF ZID			64 CIT	Y-ST-	.ZIP				

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 our an attachment with an address, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR