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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000037408 (9)

VENABLE FARMS, INC.

Principal Place of Business Mailing Address 205 SOUTH HOOVER BLVD. 205 SOUTH HOOVER BLVD. BUITE 403 TAMPA FL 33609 SUITE 403 **TAMPA FL 33609** 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State 23 28 Country Country Žip Zip 24 25 29 30 9. Name and Address of Current Registered Agent

FILED Feb 11 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1994 4. FEI Number Applied For 59-3244433 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent 81 VENABLE, JOHN F Name 205 S. HOOVER BOULEVARD 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 403** 63 **TAMPA FL 33609** 84 City Zip Code 11. Pursuant to the provisions of Soctions 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.5 TITLE Change Addition VENABLE, CATHERINE M NAME 1.2 NAME 205 S. HOOVER BLVD., STE. 403 STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33609 CITY-ST-7/P 1.4 City-ST-ZIP TITLE Sī DELETE 2.1 TITLE Change Addition VENABLE, JOHN F NAME 22 NAME 205 S. HOOVER BLVD., STE. 403 STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33609** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change ___ Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE Change 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST- ZIP

14. Thereby 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 correlation 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:

When the correlation of the correlation 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.