PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000072405

RAMSEY FARM, INC.

Principal Place of Business

Mailing Address

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90030 049 ***158.75



NICHOLASVILI	758URG RD. LE KY 40356-8722	6915 HARRODSBURG RD. NICHOLASVILLE KY 40356		·	
‡		MONOPHOPHELE NY 4000	0722	DO NOT WRITE IN	THIS SPACE
E				3. Date Incorporated or Qualifed	
	•	·		10/03/1994	
§ 2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		61-1269945	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	ite	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye	
4	25	29	30	Personal Property Tax.	Yes No
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Registe	
1111	1, 5444 18	The state of the s	. 81 Name		
CT CORPORATION SYSTEM					· · · · · · · · · · · · · · · · · · ·
1200 S. PINE ISLAND ROAD			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
PLA	NTATION FL 33324		83		The control of the second seco
				· · · · · · · · · · · · · · · · · · ·	
	•		84 City	The second secon	85 Zip Code
E 44 Dimension	to the provisions of Sections 607.0	500			
office or	registered agent, or both, in the Sta	te of Florida. Such change was a	es, the above-named co uthorized by the corpora	orporation submits this statement for the purpo-	se of changing its registered
agent. I a	am familiar with, and accept the obli	gations of, Section 607.0505, Flor	rida Statutes.	ation's board of directors. I hereby accept the a	ppenianent de registores
SIGNATURE				,	
a 12.	Signature, typed or printed name of registered a	TTUE	****	pired when reinstating) DAT	
TITLE	P OFFICERS /	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
V	•	☐ DELETE	1.1 TITLE	8 fr 170,750 do	Change Addition
NAME	RAMSEY, KENNETH L		1.2 NAME		
STREET ADDRESS	4631 NW 31ST AVE., STE. 2		1.3 STREET ADDRESS		İ
#CITY-ST-ZIP	FORT LAUDERDALE FL 3330		1.4 CITY-ST-ZIP	<u> </u>	
TITLE NAME	ST	☐ DELETE	2.1 TITLE		Change Addition
NAME	RAMSEY, JILL D		2.2 NAME	•	
STREET ADDRESS	6915 HARRODSBURG RD.		2.3 STREET ADDRESS		i
CITY-ST-ZIP	NICHOLASVILLE KY, 40356	A Service Control	2. 4 CITY-ST-ZIP		
"Tifte"	Schools in the control of the contro	DELETE	3.1 TITLE		
NAME	CAPTAN BON SECTION				☐ Change ☐ Addition
STREET ADDRESS	[62] \$P\$使 \$P\$(形) (OC)		3.2 NAME		Change Addition
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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 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, 60 on an attackment with an address, with all other like empowered.

SIGNATURE

1-12-99

(606)885-5500