

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

FILED  
Feb 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000090865 (4)**

1. Corporation Name  
**C.W. FARMS, INC.**

Principal Place of Business  
**21039 FLETCHER ROAD  
O'BRIEN FL 32071**

Mailing Address  
**P O BOX 176  
O'BRIEN FL 32071  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/15/1994**

4. FEI Number  
**59-3294875**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business  
21 21039 Fletcher Rd.  
Suite, Apt. #, etc.  
22  
City & State  
23 O'Brien, Fl. 32071  
Zip  
24 32071  
Country  
25  
2a. Mailing Address  
26 P.O. Box 176  
Suite, Apt. #, etc.  
27 O'Brien Fl  
City & State  
28  
Zip  
29 32071  
Country  
30

9. Name and Address of Current Registered Agent

**PETERSON, BUNA  
116 SW 5TH STREET  
JASPER FL 32052**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Mailing Address
NAME	PETERSON, BUNA	1.2 NAME	P.O. Box 1559 N/A
STREET ADDRESS	116 SW 5TH ST.	1.3 STREET ADDRESS	Jasper, Fl. 32052
CITY-ST-ZIP	JASPER FL 32052	1.4 CITY-ST-ZIP	
TITLE	TSD	2.1 TITLE	Mailing Address
NAME	ASCOUGH, JUDY	2.2 NAME	P.O. Box 176 N/A
STREET ADDRESS	21039 FLETCHER RD.	2.3 STREET ADDRESS	O'Brien, Fl. 32071
CITY-ST-ZIP	O'BRIEN FL 32071	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	R#1 Box 143
NAME	PETERSON, THOMAS	3.2 NAME	Westville, Fl. 32464
STREET ADDRESS	P O BOX 1559 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	JASPER FL 32052	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	P.O. Box 271 N/A
NAME	PETERSON, WILLIAM D.	4.2 NAME	O'Brien, Fl. 32071
STREET ADDRESS	P.O. BOX 1559 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	JASPER FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 on an attachment with an address.

SIGNATURE:

*Buna Peterson*

2-6-98

792-3455

CR2E034 (10/97)