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 # P94000093350

1. Corporation Name

COTTER FARMS, INC.

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90007 048 ***150.00



·							
Principal Place	e of Business	Mailing Address			1 (\$51(\$51)15 15(() \$751 55() \$211 55()		, , , , , , , , , , , , , , , , , , , ,
971 ELWOOD A		971 ELWOOD AVE					
ENGLEWOOD FL 34223 ENGLEWOOD FL 34223					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
					01/01/1995		ĺ
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number] [Ai	pplied For
21		26			65-0541662		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional
22	· · · · · · · · · · · · · · · · · · ·	27			5. Certificate of Status Desired	Fee R	equired
City & State	e	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 year Int		
24	25	29 30	<u> </u>		1 8:00:741 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐Yes	□No
	9. Name and Address of Current	Registered Agent	-		10. Name and Address of New Registered	Agent	`-
D∩D	EDTS GREGORY C		81	Name			
ROBERTS, GREGORY C 341 VENICE AVE W			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
	ICE FL 34285						
V CIVI	OC 1 L 34203	•	83				
			84	City		85 Zip	Code
				Ĺ	FL	. L	ragintared
office or r	egistered agent or both, in the State o	f Florida. Such change was authi	onzed by	the corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoi	ntment as re	egistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes	•			
SIGNATURE					uired when reinstating) DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	it signature requ	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12
TITLE	PTS	DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	COTTER, JOHN M	_	1.2 NAME		•		. ,
STREET ADDRESS	971 ELWOOD AVE		1.3 STREE	ADORESS		,	-
CITY-ST-ZIP	ENGLEWOOD FL 34223			}			. أ
TITLE	VSD	☐ DELETE	2.1 TITLE	·	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	☐ Change	☐ Addition
NAME	COTTER, SUSAN H		2.2 NAME	-			ļ
STREET ADDRESS	971 ELWOOD AVE			ADDRESS			
CITY-ST-ZIP	ENGLEWOOD EL 04000		2.4 CITY-S				1
TITLE			3.1 TITLE			Change	☐ Addition
NAME	,		3.2 NAME		. Assistant a		
STREET ADDRESS		9	3.3 STREE	ADDRESS			. }
CITY-ST-ZIP			3.4. CITY- 5				
TITLE						Change	☐ Addition
NAME	State of the state		4. 2 NAME	ĺ			
STREET ADDRESS			4.3 STREET	ADDRESS		,	,
CITY-ST-ZIP		,	4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME	-			{
STREET ADDRESS			5.3 STREE	TADDRESS			1
CITY-ST-ZIP	5.4		5.4 CITY-S	T-ZIP			
TITLE			6.1 TITLE		·	Change	☐ Addition
NAME			6.2 NAME				
CIDEST ADDOCCE	•		6.3 STREE	ADDRESS			{

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 697, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP