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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000025734 (1)

STENSTROM GENERAL FEED STORE, INC.

FILED Apr 28 1998 8:00am Secretary of State



Orio pin al Elias	T. D. C.	Adail - Ada						
Principal Place of Business Mailing Address 190 N. COUNTRY CLUB ROAD LAKE MARY FL 32746 Principal Place of Business Mailing Address 180 N. COUNTRY CLUB ROAD LAKE MARY FL 32746								
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
<u> </u>		12-0-	A d d			03/31/1995		
2. Principal Place of Business 2a. Mailing Addre			Address	SS		4. FEI Number		
Suite, Apt	# alc	26 Suite At	ot. #, etc.			59-3306473	\$8.75 A	ot Applicable
22 27			Dt. #, 616.			5. Certificate of Status Desired	Fee Re	iquired
City & State	6	City & S	tate		- 	6. Election Campaign Financing	\$5.00	
23 Zip	Country	28 Zip		Country	 	Trust Fund Contribution	Added t	
24			<u> </u>	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24	9, Name and Address of Cur	rent Registered Age		101		10, Name and Address of New Register		J NO
VE		riegisteisu Ağı		81	Name	(A) taning milk Langings of the Lighters.	s- callents	
KEIDAISH, PHILIP F JR. 505 WEKIVA SPRINGS ROAD						,		
SUITE 800				82	Street Add	lress (P.O. Box Number is Not Acceptable)		
ιο	NGWOOD FL 32779			83				
]				84	City	F	85 Zip 0	Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, I	Florida Statutes	the abov	e-named cor	poration submits this statement for the purpose	e of changing its	s registered
office or n	egistored agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such i	change was au 607 0505, Flori	thorized by da Statute:	the corpora	tion's board of directors. I hereby accept the a	appointment as	registered
SIGNATURE			20,10000,110		•			
SIGITATORE	Signature, typed or printed name of registered		(NOTE:	Registered Age	ent signature requ	red when reinstating) DAT		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PS NAME OF THE PERSON OF THE P	L	_ DELETE	1.1 TITLE	1		☐ Change	Addition
NAME	STENSTROM, JULIE	040		1.2 NAME				
STREET ADDRESS	190 N. COUNTRY CLUB R	UAU		1.3 STREE1	4			
City-St-ZIP	LAKE MARY FL 32748		DELETE	1.4 City - 8	ST-ZIP		Change	Addition
TITLE	STENSTROM, BRYAN	L	T) PECEIE	2.1 TITLE			- Change	الماليان الماليان
NAME	190 N. COUNTRY CLUB R	ΛAD.		2.2 NAME		•		
STREET ADDRESS	LAKE MARY FL 32746	ONU		2.3 STREET	1			
CITY-ST-ZIP	DANE MARTIFL 32740		DELETE	2. 4 CITY	ST-ZIP		Change	Addition
TITLE		L	_ perest	3 1 TITLE				LJ NOUHOH
NAME				3.2 NAME	4000000			
STREET ADDRESS				3.3 STREET				
CITY-ST-71P TITLE			DELETE	3.4. CITY-1	S1 - ZIP		Change	Addition
NAME		_		4.2 NAME	ľ		Judings	
STREET ADORESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY - S				
TITLE	<u> </u>		DELETE	5 1 TITLE			Change	Addition
NAME		-	_	5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS)
CITY-ST-ZIP				5.4 CITY- S				
TITLE			DELETE	6.1 TITLE			☐ Change	Addition
NAME		-		6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY - S)
ו אוויים וייים ו				■ 0.7 UHT - \$	11-411			,

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 corporation or the receiver or trusted 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.

4-15-98