

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90071 010 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000027699

1. Corporation Name
BAYSHORE FARMS, INC.



Principal Place of Business
~~6216 BAYSHORE ROAD~~
~~NORTH FORT MYERS FL 33917~~
18200 STATE RD. 31
ALVA, FL 33920

Mailing Address
~~6216 BAYSHORE ROAD~~
~~NORTH FORT MYERS FL 33917~~
18200 STATE RD 31
ALVA, FL 33920

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip
 24
 Country
 25

2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip
 29
 Country
 30

3. Date Incorporated or Qualified
04/06/1995

4. FEI Number
65-0578950

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
SINGLETARY, RICHARD S
~~6216 BAYSHORE ROAD~~
~~NORTH FORT MYERS FL 33917~~
18200 STATE RD. 31
ALVA, FL 33920

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGLETARY, RICHARD S	1.2 NAME	
STREET ADDRESS	6216 BAYSHORE ROAD	1.3 STREET ADDRESS	<i>18200 STATE RD. 31</i>
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	1.4 CITY-ST-ZIP	<i>ALVA, FL 33920</i>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGLETARY, HEIDI L	2.2 NAME	
STREET ADDRESS	6216 BAYSHORE ROAD	2.3 STREET ADDRESS	<i>18200 STATE RD. 31</i>
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	2.4 CITY-ST-ZIP	<i>ALVA, FL 33920</i>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGLETARY, JOHNNY H JR.	3.2 NAME	
STREET ADDRESS	6212 BAYSHORE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGLETARY, SUSE A	4.2 NAME	
STREET ADDRESS	6212 BAYSHORE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *Heidi L. Singletary* **HEIDI L. SINGLETARY** 1299 941 543-5308
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)