## 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 # P95000041316 (7)

SOUTHWIND FARM, INC.

Principal Place of Business WMRER PARK FL \$2780  PO 80X 1402 PO 80X 420669 20 P. O. Box 420669 30 P. O. Bo		WIND FANM, INC.				
Note   Park FL 32780   WhitER PARK FL 32780   Substitution   Sub	Principal Place	e of Business	Mailing Address			01001 11000 31101 110f0 0311 1001
2. Pincipal Pince of Huminors 2. Pincipal Pincipal 2. Pincip			. +		DO NOT WRITE IN TH	HIS SPACE
22. Molety Address   23. Molety Address   24. FEI Number   50.331726   Not Applied For   Not Applied					3. Date Incorporated or Qualified	
Suite, Apt #, etc 27 27 27 27 27 28 28 29 29 27 29 20 20 20 20 20 20 20 20 20 20 20 20 20			ı			Applied For
27				20669	59-3317726	
Rissimmee   FL   22	22		27		5. Certificate of Status Desired	Fee Required
March   State   Addition   State   Addition   Additio			<b>4</b>	, FL	· · · · · · ·	
Name and Address of Current Registered Agent   10, Name and Address of New Registered Agent   10, Name and Address of Name and Addre			· · ·			
BAKER, VANNA K   2280 MARINER COVE   82   Street Address (P.O. Box Number is Not Acceptable)	24 34742	2-066925 USA	29 34742-0669	30 USA	Personal Property Tax due June 30.	Yes No
220 MARNINE COVE   S2   Street Address (P.O. Box Number is Not Acceptable)		9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Register	red Agent
KISSNMEE FL 34748    B3				81 Name		
B3   B4   City				82 Street Add	ress (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of Soctions 607.0560 aver 607 1508, Bold Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fiends Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent or both, in the State of Fiends Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent or both, in the State of Fiends Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent or both in the State of Fiends Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent or both in the State of Fiends Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent or both in the State of Fiends State o	KIS	SIMMEE FL 34746				
1. Pursuant to the provisions of Sections 607.0002 avid 607.1508. Floridal Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in this State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent age				83		
11. Parsuant to the previsions 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. I am familiar with, and accept the obligations of Section 607,0505, Florida Statutes.    Signature				84 City		85 Zip Code
### #################################	44 Durayant	to the exemisions of Eastern CO7.00	00 and CO7 1600 Florida Statut	an the phase named ass		
SIGNATURE	office or r	egistered agent, or both, in the Sta	te of Florida, Such change was	authorized by the corpora	poration submits this statement for the purpos tion's board of directors. I hereby accept the	appointment as registered
Signature report or invisit present a previous per en ut per al des in (FOCTE Posement Agent signature requerd when representing)	_	m tamiliar with, and accept the obt	igations of Section 607.0505, Fi	orida Statutes.		
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	Signature, typical or printed home of requirement a	agest and the Lapple able (NO)	E: Registered Agent signature regu	ired when reinstating) DA	(E
NAME   SMITH, HANNAH L   12 NAME   13 STREET ADDRESS   13 STREET ADDRESS   14 CITY_ST_7IP	12.	OFFICERS A				AND DIRECTORS IN 12
STREET ADDRESS   13 STREET ADDRESS   14 CITY-ST-ZIP	TITLE	DPST	☐ DELETE	1.1 TITLE		Change Addition
CITY-ST-ZIP         KISSMMEE FL         14 CiTY-ST-ZIP           TITLE         DELETE         21 TITLE         Change         Addition           NAME         22 NAME         STREET ADDRESS         CITY-ST-ZIP         Change         Addition           NAME         DELETE         31 TITLE         Change         Addition           NAME         32 NAME         STREET ADDRESS         CITY-ST-ZIP         Change         Addition           NAME         DELETE         31 TITLE         Change         Addition           NAME         1 TITLE         Change         Addition           NAME         4 Z NAME         Change         Addition           STREET ADDRESS         4 Z NAME         Change         Addition           STREET ADDRESS         4 Z NAME         Change         Addition           NAME         5 S NAME         Change         Addition           NAME         5 S NAME         Change         Addition           NAME         5 S NAME         Change         Addition           NAME         6 S NAME         Change         Addition	NAME			1.2 NAME		
TITLE	STREET ADDRESS			13 STREET ADDRESS		
NAME	CITY-ST-ZIP	KISSIMMEE FL		1.4 City - St - ZiP		
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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 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.

6.4 City-ST-ZIP

CNATURE: No. 1 4 7

5.1.92

32E034 (10/97)

May 20 1998 8:00am

Secretary of State