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 # P9500046277

1. Corporation Name

DELAVIN FARMS, INC.

May 06, 1999 8:00 am Secretary of State

05-06-1999 90234 009 ***150.00



						dir 100ki (886 (886
Principal Place of Business Mailing Address						;;; (48 17 1 46 1 1461
15606 W. HWY 329 15606 W. HWY 329						
REDDICK FL 32686 REDDICK FL 32686				DO NOT WRITE IN TH	S SPACE	
				3. Date incorporated or Qualifed		
				06/09/1995		j
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21	26			59-3323018		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional
	27		5. Certificate of Status Desired	Fee	Required	
City & State	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23	28		Trust Fund Contribution	Adde	d to Fees	
Zip Country	Zip	Country		8. This corporation owes the current year i		
24 25		30		Personal Property Tax.	Yes	X)No
9. Name and Address of Curren	t Registered Agent	8	4 Name	10. Name and Address of New Registere	Agent	
MONTEED DAVIN		l°	1 Name			
MCATEER, DAVIN 15606 W. HWY 329 REDDICK FL 32686			2 Street	Street Address (P.O. Box Number is Not Acceptable)		
			83			
			4 05		lor Zi	p Code
			4 City	<u></u>	L]] '	·
11. Pursuant to the provisions of Sections 607.0503	2 and 607.1508, Florida Statute	s, the abo	ve-named	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	if changing i	its registered registered
agent. I am familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statute	is.	oralising board of directors. Thoroby assept the app		
SIGNATURE Signature, typed or printed name of registered agen	t and title of applicable (AIOTE:	Posietared An	ent signature r	required when reinstating) DATE		
12. OFFICERS AN		13.	ork signature i	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
TITLE D	☐ DELETE	1.1 TITLE		D	X Chang	e Addition
NAME MCATEER, DAVIN		1.2 NAME		MCATEER, DAVIN		
STREET ADDRESS 15606 W. HWY 329		1.3 STRE	ET ADDRESS	15605 W. HWY 327		ì
CITY-ST-ZIP REDDICK FL 32686		1.4 CITY-	ST-ZIP	REDDICK, FL 32686		J
TITLE D	☐ DELETE	2.1 TITLE		D	Chang	e Addition
NAME BLEECKER, DIANNE T		2.2 NAME		ESTATE OF DIANNE T. BI	SCHEP	Į
STREET ADDRESS 15606 W. HWY 329		2.3 STRE	ET ADDRESS	15605 N. Hay 329		
CITY-ST-ZIP REDDICK FL 32686		2.4 CITY	-ST-ZIP	ESTATE OF DIANNE T. BL. 15605 N. Hay 329 REODICK, FL 32686		
TITLE	☐ DELETE	3.1 TITLE			Chang	e Addition
NAME		3.2 NAME	1			\
STREET ADDRESS		I	ET ADDRESS			1
CITY-ST-ZIP		3.3 STRE	E I ADDRESS			
7-7-5		3.4 CITY				
TITLE	☐ DELETE		-ST-ZIP		☐ Chang	e Addition
NAME	☐ DELETE	3.4. CITY	-ST-ZIP		☐ Chang	e Addition
	☐ DELETE	3.4. CITY 4.1 TITLE 4.2 NAM	-ST-ZIP		☐ Chang	e Addition
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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 to chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: