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Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90014 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000060815

1. Corporation Name

EVENSONG FARM, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8/7/95

4. FEI Number

59-3333089

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal

Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5400 NW 39th

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Apt. T171

27

City & State

City & State

23 Gainesville, Florida

28

Zip Country

Zip Country

24 32606

25

29

30

9. Name and Address of Current Registered Agent

James V. Walker

Ponte Vedra Beach, Florida 32082

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

217 Ponte Vedra Park Drive

83 Suite 200

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

Barbara S. Hamilton

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

5400 NW 39th, Apt. T171

Gainesville, Florida 32606

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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: Barbara S. Hamilton Barbara S. Hamilton

7/15/99

352-381-9045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

P95000060815
593890-90014-46

Barbara S. Hamilton
Evensong Farm, Inc,
5400 NW 39th Ave., Apt. T-171
Gainesville, FL 32606

July 15, 1999

Florida Dept. Of State
Katherine Harris
Secretary of State
Division of Corporations

Dear MS. Harris

Enclosed is my check for \$150.00, filing fee, for The 1999 Profit Corporation Annual Report.
My address was incorrect and I did not receive my report.

If I can answer any questions or help you in any way please contact me at the above corrected address.

Sincerely,

Barbara S. Hamilton

Barbara S. Hamilton