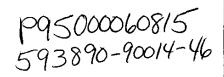
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	1999	DIVISION OF CO										
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1. Corporation						_						
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	NG FARM, INC.				1							
Principal Place	of Business	Mailing Address										
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						<ol> <li>Date Incorporated or Qualifi B/7/95</li> </ol>	ed					
2. Principal I	Place of Business	2a. Mailing Address	-			4. FEI Number		-T	Apr	lied f	or	ł
21 5400 N	IW 39th	26 SAME				59-3333089			Not	Appl	icable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired \$8.75 Additional					l	
22 Apt. T1 City & Stat		City & State			— F	6. Election Campaign Financia		\$5.00				
	ville, Florida	28		•		Trust Fund Contribution	"	Added to				
Zip	Country	Zip	Count	ту	7	8. This corporation owes the o			e Pe	٠.	ıl	Ì
24 32606	25	29 30				Property Tax.		Yes		No		-
	9. Name and Address of Current	Registered Agent	8	1 Name	11	Name and Address of Nev	/ Registe	rea Agent		—		ł
	•											
James V	. Walker		8	2 Street 4	ddress Pont	(P.O. Box Number is Not Acce e Vedra Park Drive	eptable)					l
	• • • • • • • • • • • • • • • • • • • •		8	3			<u></u>					1
Ponte Ve	edra Beach, Florida 320	)82	-	Suite 4 City	200			85 2	in C			ļ
	·		l l	1.				• <b>L</b>   _ L	•			}
registered	to the provisions of Sections 607.0502 office or registered agent, or both, in red agent. I am familiar with, and acce	the State of Florida, Such char	nae wa	s authorize	ad hv th	e corporation's board of directs	t for the pors. I here	ourpose of o	the a	jing it ppoin	ts tment	]
SIGNATURE							<del></del>					
12.	Signature, typed or printed name of registers OFFICERS AND DI		13.	E: Registere		signature required when reinstation		DATE VD DIRECT	OR!	3 IN 1	2	198
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14. 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.

6.4 CITY - ST - ZIP

SIGNATURE: Bath Type	5 Hamilt-	Barbara S. Hamilton	2) 15/22	352-381-9045
CICNATURE AND TYPE	OP PRINTED NAME OF S	IGNING OFFICER OR DIRECTOR	Date	Davtima Phone #

CITY - ST - ZIP



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