

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

FILED
Jun 25, 1999 8:00 am
Secretary of State

06-25-1999 90001 008 ***550.00

DOCUMENT # P95000092920

1. Corporation Name
RICHLAND FARMS, INC.

Principal Place of Business

10651 BECKUM RD.
DADE CITY FL 33525

Mailing Address

10651 BECKUM RD.
DADE CITY FL 33525

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1995

4. FEI Number

59-3365081

Applied For

Not Applicable

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

MATHIS, HENRY
10651 BECKUM RD.
DADE CITY FL 33525

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

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

OFFICERS AND DIRECTORS

12. ☐ DELETE

TITLE D
NAME PENIX, GENEVA
STREET ADDRESS 10441 BECKUP RD.
CITY-ST-ZIP DADE CITY FL 33525

☐ DELETE

TITLE DP
NAME MATHIS, HENRY
STREET ADDRESS 5605 MATHIS STREET
CITY-ST-ZIP ZEPHYRHILLS FL 33540

☐ DELETE

TITLE D
NAME MATHIS, CHRISTOPHER K
STREET ADDRESS 10651 BECKUM ROAD
CITY-ST-ZIP DADE CITY FL 33535

☐ DELETE

TITLE D
NAME MATHIS, STANLEY P
STREET ADDRESS 9036 23RD STREET
CITY-ST-ZIP ZEPHYRHILLS FL 33540

☐ DELETE

TITLE VPST
NAME MATHIS, MARGARET
STREET ADDRESS 5605 MATHIS ST.
CITY-ST-ZIP ZEPHYRHILLS FL 33540

☐ DELETE

TITLE D
NAME MATHIS, GREGORY K
STREET ADDRESS 9042 23RD STREET
CITY-ST-ZIP ZEPHYRHILLS FL 33540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 in an attachment with an address with all other like empowered.

SIGNATURE: X *Margaret Mathis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/16/99
4/16/99

352 521-6009
352 521-6009