

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90444 023 \*\*\*150.00

**DOCUMENT # P95000092980**

1. Entity Name  
**WALKING T FARMS, INC.**

Principal Place of Business <b>12317 NW 129TH TERRACE          ALACHUA FL 32615</b>	Mailing Address <b>12317 NW 129TH TERRACE          ALACHUA FL 32615</b>
--	--

**929729**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1805 SE 24th STREET</b>	3. Mailing Address <b>1805 SE 24th STREET</b>
Suite, Apt. #, etc. <b>18</b>	Suite, Apt. #, etc.

City & State <b>High Springs, FL</b>	City & State <b>High Springs, FL</b>	4. FEI Number <b>59-3358445</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32643</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>TRAVIS, DRU          12317 NW 129TH TERRACE          ALACHUA FL 32615</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1805 SE 24th STREET</b> City <b>High Springs</b> <b>FL</b> Zip Code <b>32643</b>
---	---

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Travis* DATE 3-11-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TRAVIS, DRU</b> <b>12317 NW 129TH TERRACE</b> <b>ALACHUA FL 32615</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>TRAVIS, STEVEN L</b> <b>12317 NW 129TH TERRACE</b> <b>ALACHUA FL 32615</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Travis* DATE 3-11-01 DAYTIME PHONE # 352/215-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

03/12/01

CR2E034 (10/00)