FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000002103 (5)

GUET	TLER FARMS, INC.				
Principal Pla	ace of Business	Mailing Address		a immerande eem emiem beete matte bilist grift belief	AAITA OLDOK DLOIT ERING SINL 1801
2954 HWY 77 P.O. BOX 133 CHIPLEY FL 32428 CHIPLEY FL 32428 US			DO NOT WRITE IN THIS SPACE		
"				3. Date Incorporated or Qualified	<u> </u>
				01/05/1996	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3349918	Not Applicable
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		[27]		7	Fee Required
City & St	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	[25] 9. Name and Address of Curn	29 ent Registered Agent	[30]	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes 4No
	ANEY, ROGER L III		81 Name	10. 140.110 MICE LIGHTON DI 110H 116 HISTOR	
	00 RAILROAD AVENUE				
CHIPLEY FL 32428			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
١	THE LUCTOR		83		
			84 City	F	Zip Code
agent. I			ulinorized by the corporal oricla Statutes. Hogistered Agont signature requires	poration submits this statement for the purposition's board of directors. I hereby accept the acceptance to the acceptance to the acceptance to the acceptance the acceptance to	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	D .	☐ DELETE	1.1 TITLE	•	Change Addition
NAME	GUETTLER, WALTER J		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL 32428		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	GUETTLER, SUSAN E		2.2 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL 32428	T pricer	2. 4 CITY-ST-ZIP		
TITLE	1	DELETE	3.1 TITLE		Change Addition
NAME	.1		3.2 NAME		
STREET ADDRESS	5 (33 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE		□ DECEIE	4.1 ¥(TLE		Change Addition
NAME OTOGET ADDRESS			4.2 NAME		
STREET ADDRESS	>		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	 	DELETE	4.4 CITY - ST - ZIP		Change Addition
NAME	1	ביין טנינוני	5.1 TITLE		CT Change CT Macillott
	. [5.2 NAME		ļ
STREET ADDRESS	1		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		C berrie	6.2 NAME	•	C Cuango C Acoulton
STREET ADDRESS					
SINCE ADDRESS	`		6.3 STREET ADDRESS		

FILED May 14 1998 8:00am Secretary of State

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the configuration or the receiver or trusted impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 or or an attackment with an address.