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 # P9 1. Corporation Name HIGH MARK FARMS, INC. P96000008225 (0)

FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address						
10575 OLD DIXIE HIGHWAY ST. AUGUSTINE FL 32095		10575 OLD DIXIE ST. AUGUSTINE F						
OI. HOUGOIN	TE SECON	VII. NO SOUTHIE	E 92000		DO NOT WRITI	E IN THIS SF	ACE	
					3. Date Incorporated or Qualified			
					01/25/1996			
2. Principal Pi	lace of Business	2a, Mailing Addres	SS		4. FEI Number		A	pplied For
21		26			59-3361249		N.	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	Additional
22		27	27		5. Certificate of Status Desired			equired
City & State	9	City & State			Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip Country		ry	8. This corporation owes or has p	aid the curre	ent year In	tangible
24	25	29	30		Personal Property Tax due June 30. Yes No			
	Name and Address of Curre				10. Name and Address of New R		gent	
SM	ITH, HULSEY & BUSEY		8	1 Name				
	WATER STREET			O C4+ A-1	desa (D.C. Day Number in Not Accepte	اماما		
	ITE 1800		82 Street Add		dress (P.O. Box Number is Not Accepta	Die)		
	CKSONVILLE FL 32202		В	3				
	SHOOTHIELE I'L OLLOL							
			8	4 City		FL	85 Zip	Code
	10 00 00	00	0.1	1	ensembles as broke this statement for the		L L	ito societorosi
11. Pursuant	to t he provisions of Sections 607.05 egi ster ed agent, or both, in the Stat	502 and 607.1508, Horida te of Florida. Such chand	a Statutes, the abo ie was authorized l	by the corpor	rporation submits this statement for the alion's board of directors. I hereby acce	opt the appo	intment as	registered
agent. I a	m familiar with, and accept the obli	igations of, Section 607.0	505, Florida Statut	es.			•	
SIGNATURE								
	Signature, typed or printed name of registered a			gent signature req	uired when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS DEL	13.		ADDITIONS/CHANGES TO OFFI		Change	RS IN 12 Addition
TITLE	, -	DEL		1		L	Creatige	
NAME	PLETCHER, JOHN J	т	1.2 NAM					
STREET ADDRESS	10575 OLD DIXIE HWY		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	ST AUGUSTINE FL		1.4 CITY				17.	
TITLE	VPD	[] DEL	.ETE 2.1 11TL8	1	HART, JOHN B.	ال ا	Change	Addition
NAME	HART, JOHN B		2.2 NAM	E 4	HART, JOHN B.			
STREET ADDRESS	10575 OLD DIXIE HWY		2.3 STRE	ET ADDRESS	•			
CITY-ST-ZIP	ST AUGUSTINE FL		2. 4 CIT)	'-ST-ZIP				
TITLE		☐ DEL	ETE 3.1 TITLE		ST		Change	Addition
NAME			3.2 NAM	€ 4	ite G. Hart	,,		
STREET ADDRESS			3.3 STRE	ET ADDRESS	10575 OID DIXIE	twy		
CITY-ST-ZIP			3.4 CiTs	-ST-ZIP	ita G. Hart 10575 Old Dixie ! St Augustine, FL. & EUP MARK R WELLS 10575 OLD DEXTE ST AUGUSTINE,	ことかつり		
TITLE		DEL			SI.D		Change	Addition
NAME			4 2 NAM	AF .	MARIE P WELLS			
			1	ET ADDRESS	10575 OLD DEXTE	HWY		
STREET ADDRESS				OZ ZID	CT AUGUSTENE	9/ 2	2075	
CITY-ST-ZIP		DEL		- ST - ZIP	31 11000=1210,1	<u> </u>	Change	Addition
TITLE				-				
NAME			5.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				-S1-ZIP			Character	
TITLE		☐ DEL	.ETE 6.1 TITLI			l	Change	Addition
NAME			6.2 NAM	E				
STREET ADDRESS	'		6.3 STR	E1 ADDRESS				
CITY-ST-ZIP	:		6.4 CITY	- S1 - ZIP				
		The same of the sa	114 1		in Contine 110 07/2\(ii) Florida Statutan	I for all ar age	tifu that th	a information

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 organ attachment with an address.

11/2/08