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

PROFIT
CORPORATION
ANNUAL REPORT

1997

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 25 1997 8:00am

Secretary of State

Addition

Change

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000022917 (4)

**GOLDEN WINGS BIRD SEED & SUPPLY, INC.** 

Principal Place of Business Mailing Address 2548 NW 5TH ST 2548 NW 5TH ST OKEECHOBEE FL 34972 OKEECHOBEE FL 34972-2347 3. Date Incorporated or Qualified 3a. Date of Last Report NIA 03/11/1996 28. Mailing Address 26 P. D. らのと 4. FEI Number 2. Principal Place of Business Applied For 65-0665876 10012 HWY 70 E Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Commercial Bldg Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be OKEECHO DEE FL UKEEChobEE,  $\Box$ Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, UŚA 34973-0806 💹 Yes 🔲 No 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NIX, PHILLIP 61 2548 NW 5TH ST Street Address (P.O. Box Number is Not Acceptable) 82 **OKEECHOBEE FL 34972** 83 84 City 85 Zip Code 11. 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. D. NIX President (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. DELETE ☐ Change ■ Addition TITLE 1.1 TO LE NIX, PHILLIP NAME 1.2 NAME 2548 NW 5TH ST STREET ADDRESS 1.3 STREET ADDRESS **OKEECHOBEE FL 34972** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 THTE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - \$1 - 7IP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TT DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

14. I do 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

DELETE

5.4 CITY - ST- ZIP

63 STREET ADDRESS

64 CHY-ST-ZIP

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 eath; 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

6.1 TITLE

G.2 NAME