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

**PROFIT** CORPORATION ANNUAL REPORT



DOCUMENT # P9600030602 (2)

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

1997

**DIVISION OF CORPORATIONS** 

## **FILED** Apr 18 1997 8:00am Secretary of State

1. Corporation ASHLEN	ACRES FARM, INC.					<b>  11   11  </b>   11   11   12   13   14   14   14   14   14   14   14	
Principal Place	of Business	Malling Address			-	<b>                                    </b>	<b>17</b> 46   171   <b>141</b> 1
Principal Place of Business  10783 N.W. 28TH PLACE 551 Str 8511 St					,		
				1816	04/01/1996	3a. Date of La	st Report
2. Principal Pla 21 55/	SE 854 Street	2a. Mailing Address 26 55/SE &	5th St	mat	4. FEI Number 59 - 338/237	-	Applied For Not Applicable
Suite Apt. P	¥, etc	Suite, Apt. #, etc.	<u> </u>		Certificate of Status Desired	1136	5 Additional Required
City & State	- 0	Cib₄& State .	<i>[]</i> .		6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
710 24 (3447	Country	Zip 29 34476	Country 30 US	A	8. This corporation has liability for		
	9. Name and Address of Current R	egistered Agent			10. Name and Address of New Re	gistered Agent	
LEWIS, KATHERINE E					vis Katherine	E.	
10783 N.W. 28TH PLACE OCALA FL 34482				Street Addre	ess (P.O. Box Number is Not Acceptat	ole)	
UCA	LA FL 34402		83	551	SE 85th Street	<del></del>	
			-	<u></u>			
			84	City O	cala	FL  85   ?	Tip Code 3 4476
office or re	o the provisions of Sections 607.0502 a egistered agent, or both, in the State of I in familiar with, and accept the obligatio	Florida Such change was a	uthorized by	the corporati	oration submits this statement for the plants board of directors. I hereby acception's	ourpose of changing the appointment	g its registered as registered
SIGNATURE ,							
12.	Signature Type their percent name of registered agent at OFFICERS AND D		Registered Agen	t signature require	ed when reinstating)  ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECT	ORS IN 12
THUE	D	DELETE	1.1 TITLE	<u> </u>	NODITION OF INCIDENTS OF IT	Chan	
NAME	LEWIS, LARRY C		1.2 NAME	La	rry C. Lewis		
STREET ADDRESS	10783 N.W. 28TH PLACE		1.3 STREET A		51 SE 85th Street		
CITY-ST-ZIF	OCALA FL 34482		1.4 CITY-ST	-ZIP O	cala F1. 34476		
HILE	D LEARC MATHEMALE E	☐ DELETE	2.1 TITLE	Ka	therine E. Lewis	Chan	ge [ ] Addition
NAME	LEWIS, KATHERINE E 10783 N.W. 28TH PLACE		2.2 NAME	1 .			1
STREET ADDRESS	OCALA FL 34482		2.3 STREET /	ADDRESS   5	51 SE 85th Street Ocala F1 34476.	٠.	{
TILLE	OCALA FE 34402		2. 4 City - SI 3.1 Title	-ar C	10 ac (a 17 11 C)74741	☐ Chan	ge Addition
NAME	<del></del>		3.2 NAME			<del></del>	- '- '
STREET ADDRESS			3.3 STREET	ADDRESS ]			
CITY - ST - 2iP			3.4. CITY - \$1	ZIP			
THILE		☐ DELETE	4.1 TITLE			☐ Char	ge Addition
NAME			4. 2 NAME				
STREET ADORESS			4.3 STREET	ŀ			
CHY-ST-75P		DELETE	4.4 CITY-ST 5.1 TITLE	· ZIP	**************************************	Char	ge Addition
TILLE		otter	5.1 THE 5.2 NAME	]			Ao Muninali
NAME Syreet address			5.3 STREET	annerss			
CITY-S1-7IP			5.4 CITY-ST				
TITLE		DELETE	6.1 TITLE	<del>-</del>		☐ Char	ge Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	address			
CITY - ST - ZIP			6.4 CITY-ST				
14. I do hereb	y certify that the information supplied w	ith this filing does not qualif	y for the exer	nption stated	in Section 119.07(3)(i), Florida Statute	s. I further certify	hat the

information indicated on this armual 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 on an attachment with an address.