

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90063 018 \*\*\*150.00

**DOCUMENT # P96000032814**

1. Corporation Name

**GREEN RIVER FARMS OF FLORIDA, INC.**

Principal Place of Business

**POST OFFICE BOX 382  
BROWNSVILLE KY 42210**

Mailing Address

**POST OFFICE BOX 382  
BROWNSVILLE KY 42210**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/11/1996**

4. FEI Number

**59-3377054**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**Suite, Apt. #, etc.**

City & State

Zip

Country

2a. Mailing Address

**Suite, Apt. #, etc.**

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**WYATT, STELLA  
1840 14TH AVENUE NE  
NAPLES FL 34103**

10. Name and Address of New Registered Agent

81 Name

**Sherry Mansfield**

82 Street Address (P.O. Box Number is Not Acceptable)

**7390 SE County Highway 40**

83 City

**Summerfield**

**FL**

85 Zip Code

**34491**

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.

SIGNATURE

*Sherry R. Mansfield*

**Sherry Mansfield**

**4/24/99**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
LOGSDON, GARY S  
1 MAIN CROSS STREET/THE WOODCOCK BLDG  
BROWNSVILLE KY 42210**

TITLE ☐ DELETE

**V  
LOGSDON, BOBBY H  
COURTLAND REED ROAD  
BROWNSVILLE KY 42210**

TITLE ☐ DELETE

**ST  
WILSON, PAT  
318 BRIER CREEK ROAD  
MAMMOTH CAVE KY 42259**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

*Gary S. Logsdon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GARY S. Logsdon, President 4/28/99 270-597-2134**

Date

Daytime Phone #

CR2E034 (11/98)

0555807