

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

PROFIT
CORPORATION
ANNUAL REPORT



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

APPROVED
AND
FILED

1998 & 1999

DOCUMENT # P96000034875

1. Corporation Name

El Caron Farms, INC

99 APR -5 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

24429 NW 94th Ave
Alachua FL 32615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated For Qualified

4-22-96

4. FEI Number

59-3380 439

Applicable For

Not Applicable

5. Certificate of Status Desired

[]

\$8.75 Add Florida
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

10. Name and Address of Now Registered Agent

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

Ronald N. Davis
24429 NW 94th Ave
Alachua, FL 32615

81. Name

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

83

84. City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent Signature must be in ink)

Date

4-5-99

12. OFFICERS AND DIRECTORS

TITLE P. Ronald N. Davis [] DELETE

NAME 24429 NW 94th Ave

STREET ADDRESS Alachua, FL 32615

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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NAME

STREET ADDRESS

CITY-STATE-ZIP

13

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY-STATE-ZIP

19 TITLE

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24 NAME

25 STREET ADDRESS

26 CITY-STATE-ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Add

700002840527-11/15/98

-04/15/99--01092--012

****300.00 ****300.00

[] Change [] Add

[] Change [] Add

[] Change [] Add

[] Change [] Add

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name

CR2E034 (11/98)