## FILE NOW: FILING FEE AFTER MAY 1ST 13 \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90042 002 \*\*\*150.00

## DOCUMENT # P96000070388

1. Corporation Name

IIMBEHLAND FAHMS, INC.						
Principal Place of Business	Mailing Address					
421 N. PALATOX STREET PENSACOLA FL 32501 US	421 N PALAFOX STREET PENSACOLA FL 32501 US		DO NOT WRITE IN THIS SPACE			
	•		3. Date Incorporated or Qualifed 08/22/1996			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21 5120 N. PALACOX ST	26		59-34 18604	Not Applicable		
Suite, Act. #, etc.	Suite, Apt. #, etc.		5. Certifc ate of Status Desired	\$8.75 Additional Fee Required		
City & State 23 FONSALOLA, FL	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Cour try 24 32505 25	Zip	Country 30	This corporation owes the current year     Persor al Property Tax.	ntangible ☐ Yes I No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
WHIBBS, VINCENT J JR 421 N. PALAFOX STREET PENSACOLA FL 32501		82 Street Ac	dress (P.O. Ro) Number is Not Acceptable)			
		84 City 0_		85 Zip Code		

76NSACOUA 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 States of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATUFE  SIGNATUFE										
Signature, typed or printed have of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)										
12. OFFICERS ANI) DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICER							
TITLE	VPD	DELETE	1.1 TITLE	MESOST	☐ Change	Addition				
NAME	WHIBBS, VINCENT J JR	, ·	1.2 NAME	TOOD H. SMOOT						
STREET ADDRESS	421 N. PALAFOX STREET		1.3 STREET ADDRESS	5120 N. PIALAFOX DT.						
CITY-ST-ZIP	PENSACOLA FL 32501		1.4 CITY-ST-ZIP	TOOD H. SMYDER 5120 N. PALAFOX ST. PENSACOLA FL 32505						
TITLE		☐ DELETE	2.1 TITLE		Change	☐ Addition				
NAME.			2.2 NAME			-				
STREET ADORESS			2.3 STREET ADDRESS							
CITY-ST-ZIP		_	2. 4 CITY+ST-ZIP							
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition				
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP		_	34. CITY-ST-ZIP			. <u></u>				
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition				
NAME			4 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP		_	4.4 CITY-ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition				
NAME			5.2 NAME			1				

CITY-ST-ZIP 14. heret y certify that the informa ion 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 changer, or on an attachment with an address, with all other like empowered.

5 3 STREET ADDRESS

63 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

Addition

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees