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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000072403 (4)

TOP GRADE FARMS, INC.

**FILED** Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 117 W ALEXANDER ST STE 338 117 W ALEXANDER ST STE 338 PLANT CITY FL 33566 PLANT CITY FL 33566 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>08/30/1996</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3398028 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State Cily & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Yes □ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WILLIAMS, JANIS M **5959 CATTLEMEN LANE** Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34232 84 City 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, typed or printed name of registered agent and title if apply while (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change Addition DOUGLAS, ROBERT A NAME 1.2 NAME 3825 LAKE BUFFUM RD W STREET ADDRESS 1.3 STREET ADDRESS FT MEADE FL CITY - ST - ZIP 1.4 CiTY-ST-ZIP TITLE DELETE 2.1 Trill E Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE 4.1 TITLE Addition Change NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST-7IP 4.4 CITY-ST-ZIP TITLE ■ DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 trusted 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.

SIGNATURE:

Robert A Durchs