SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000084479 (0)

12507 CORTEZ ROAD CORTEZ FL 34215	Principal Place of Business	Mailing Address	
3.			
			3.

FILED Aug 05 1997 8:00am Secretary of State

OUNTE	- FARMONIL, INC.					
Principal Plac	ce of Business	Mailing Address			- J and lakel als lurin shin selal bealt enin blitt shibt ibil	N MINNY DIRIY HEALE HAID HADA
12507 CORTEZ		12507 CORTEZ ROAD				
CORTEZ FL 34		CORTEZ FL 34215				
					DO NOT WRITE IN THI	
77.47					10/10/1996	Date of Last Report
2. Principal I	Place of Business	2a. Mailing Address 26			4. FEI Number 65-0700082	Applied For Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27			6. Certificate of Status Desired	Fee Required
City & Sta	ite	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the c	urrent year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent
	ITTY, BOBBY J][Name		
	07 CORTEZ ROAD		li li	Street Add	iress (P.O. Box Number is Not Acceptable)	
COF	RTEZ FL 34215					
			[4	33		
			\- <u>-</u>	14 City		85 Zip Code
					F	┗╵╵╵
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stat	ules, the ab	ove-named cor	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap-	of changing its registered
agent. I	registered agent, or both, in the Stati am familiar with, and accept the oblig	e of Florida. Such change war jations of, Section 607.0505, I	s authorized Florida Statu	by the corpora tes.	tion's board of directors. I hereby accept the ap	opointment as registered
SIGNATURE						\
Oldifactoria	Signalure, typed or printed name of registered ag		OTE: Registered	Agent signature requ	red when reinstating) DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D	☐ DELETE	1.1 TITL	E		Change Addition
NAME	BEATTY, BOBBY J		1.2 NAN	IE .		
STREET ADDRESS			1.3 STR	EET ADDRESS		
CITY-ST-ZIP	FROSTPROOF FL 33843			-ST-ZIP		
TITLE	İ	DELETE	2.1 TITL	E		Change Addition
NAME			2.2 NAN	IE Į		
STREET ADDRESS			2.3 STR	eet address		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	3.1 T(T)	E		Change Addition
NAME	Į.		3.2 NAM	iE		
STREET ADDRESS	i		4	EET ADDRESS		
CITY-ST-ZIP				r-ST-ZIP		
TITLE		☐ DELETE	4.1 TITL	_		Change Addition
NAME			4. 2 NA			
STREET ADDRESS			4.3 STR	EET ADDRESS)
CITY-ST-ZIP				-ST-ZIP		
TITLE		DELETE.	5.1 TITE	1		Change Addition
NAME			5.2 NAN			
STREET ADDRESS	1		5.3 STR	EET ADDRESS		}
CITY-ST-ZIP		₽ 7.2		-ST-ZIP		
TITLE	1		■ C + T(Y)			
NAME		DELETE	6.1 TITL			Change Addition
10 4114		L'1 DECETE	6.2 NAN			Change Addition
STREET ADDRESS		DETE IE	6.2 NAN			Change Addition

14. I do 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.