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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000085700 (8)

FILED Mar 19 1998 8:00am Secretary of State

GOPHE	ER BROKE FARM, INC.	` ,		I NORMONI NA ARIVÉ AUTO ALIM ARIVI TOTO SALO	iðiði Bilkli ítann áðski Affir íðsk
Principal Plac	e of Business	Mailing Address			ibibi binii idhil dalii abit ibat
12904 CR 209 OXFORD FL 34484		12904 CR 209 OXFORD FL 34484		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
				10/16/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3405195	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23	в	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	}	30	Personal Property Tax due June 30.	Yes Yo
	9. Name and Address of Currer			10. Name and Address of New Registers	d Agent
MC	OFFETT, JAMES D	<u></u>	81 Name		
12904 CR 209			92 Street Addre	ess (P.O. Box Number is Not Acceptable)	
OX	FORD FL 34484				
			83		
		•	84 City		85 Zip Code
				<u> </u>	
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.					
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statutes.		
SIGNATURE					
12.	Signature, typed or printed name of registered agr OFFICERS AN		Registered Agent eignature require 13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	MOFFETT, JAMES D		1.2 NAME		
STREET ADDRESS	12904 CR 209		1.3 STREET ADDRESS		
CITY-ST-ZIP	OXFORD FL 34484		1.4 CITY-ST-ZIP		
TITLE	VPT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MOFFETT, SANDRA		2.2 NAME		Î
STREET ADDRESS	12904 CR 209		2.3 STREET ADDRESS	141 AN	
CITY-ST-ZIP	OXFORD FL 34484		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			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		1
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE !			5.1 TITLE 5.2 NAME		E SINGRE E VONDON
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	·	•
1			1		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-Zip			6.4 CITY-ST-ZIP		
	artifuthat the information availant.	ith this files does not qualify for		Section 110 07(3)(i) Florida Statutas I further	andification the Information