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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

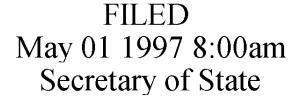
## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000096897 (9)

COPPER'S CREEK FARM, INC.





Principal Place of Business		Mailing Address	Mailing Address					
803 MELTON RO BAKER FL 32531		P.O. BOX 284 BAKER FL 32531-0284						
*					3. Date Incorporated or Qual	1	nte of Last R	•
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			oplied For
21		26					No	ot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			- Cartificate of Status Desire	ed 🗆	\$8.75	Additional
22		27	27		5. Certificate of Status Desire	а Ц	Fee Re	equired
City & State		City & State	City & State		6. Election Campaign Finance	ing	\$5.00	May Be
23		28		Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	Cou	intry	<b>B.</b> This corporation has liabili		_	. 199.032,
24	25	29	30		Florida Statutes Yes No  10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of No	w Hegistered	Agent	
	, MELODY T			81 Name	Thompson, Mel	ody A		
	MELTON ROAD			82 Street	Thompson, Mel Address (P.O.) Box Number is Not Ac	eptable)		
BAKE	ER FL 32531			83	803 Melton R	<u>a</u>		
•				83				
I				84 City	72 .			Code
			<del></del>	<u> </u>	Baker	<u> </u>		531
(11.)Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat	902 and 607.1508, Florida Statu e of Florida. Such change was	ites, the a authorize	bove-named d by the core	corporation submits this statement for	r the purpose of accept the app	i changing ii iointment as	is registered registered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, F	lorida Sta	tutes.	poration's board of directors. I hereby		ind	•
SIGNATURE		wrigeon				4/2		
				d Agent signature	required whom reinstating)	DATE	DIDECTOR	DC IN 10
12.	OFFICERS AI	D DIRECTORS 13		ITI C	ADDITIONS/CHANGES TO	OFFICERS AND	Change	Addition
TITLE	THOMPSON, JEFFREY E	_					Onlango	I TOURION
NAME	P.O. BOX 189 N/A			AME				
STREET ADDRESS				TREET ADDRESS				
CITY-ST-ZIP	BAKER FL 32531			(1Y+S1+2IP	0.7-		Change	Addition
TITLE	ST MELODY T			ITLF	Thompson, Melod 803 Melton Rd. Baker FL 32531	( I)	DE Ditango	Madition
NAME	TATE, MELODY T		2.2 N		Thom pson, leloa	177	. nad	
STREET ADDRESS	P.O. BOX 284 N/A			TREET ADDRESS	803 Melton Kd	P. O. B	5 y: 21 84	
CITY-\$T-ZIP	BAKER FL 32531			CITY-ST-7IP	Baker, FL 32531	<del></del>	Change	Addition
TITLE	☐ DELETE		3.1 T				LT Change	L AGOMICI
NAME			3.2 N					
STREET ADDRESS				TREET ADDRESS				
CITY-ST-ZIP		[ ] priese		CHTY - ST - ZIP			Chance	Addition
TITLE		☐ DELETE	4.1 T		1		Change	☐ Addition
NAME				NAME				
STREET ADDRESS			435	TREET ADORESS				
CITY - ST - ZIP		T no see		ST-7IP			Chart	Addistre
TITLE		☐ DELETE	511				Change	☐ Addition
NAME				IAME				
STREET ADDRESS			535	STREET ADDRÉSS				
CITY-ST-ZIP				CITY-ST-ZIP			<u> </u>	
TITLE	• • •	DELETE	6.11	nle	1		L Change	Addition
NAME , ,	in the		621	IAME				
STREET ADDRESS	]		6.3 9	STREET ADDRESS	1			
CITY-ST-ZIP				011Y-S1-7IP	<u> </u>			
(14) I do here	by certify that the information suppl	ied with this filing does not qua	alify for the	e exemption s	stated in Section 119.07(3)(i), Florida	Statutes. I furthe	er certify that	t the

(do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 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.

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