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FILE NOW: FILING FEE AFTER MAY 1ST IS \$500.00

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Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF REVENUE Sandra B. Moore Secretary of Finance DIVISION OF CORPORATIONS
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DOCUMENT # **P96000101711 (5)**

1. Corporation Name

MISSOURI FARMS, INC.

Principal Place of Business

**1603 ALEXANDER CROSSING WAY
SUN CITY CENTER FL 33573**

Mailing Address

**1603 ALEXANDER CROSSING WAY
SUN CITY CENTER FL 33573**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1996

4. FEI Number

69-3431989

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

SLAUGHTER, B B - Manager
1603 ALEXANDER CROSSING WAY
SUN CITY CENTER FL 33573

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **SLAUGHTER, B B**
STREET ADDRESS **1603 ALEXANDER CROSSING WAY**
CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **D** ☐ DELETE

NAME **SLAUGHTER, MARK D**
STREET ADDRESS **21290 PURPLE SAGE LANE**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** ☐ DELETE

NAME **CHESTNUT, AMY E**
STREET ADDRESS **852 35TH AVE N**
CITY-ST-ZIP **ST. PETERSBURG FL 33704**

TITLE **S** ☐ DELETE

NAME **SLAUGHTER, CAROL J**
STREET ADDRESS **1603 ALEXANDER CROSSING WAY**
CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE:

Carol J. Slaughter 3/30/98

CR2E034 (10/97)