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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90140 013 ***150.00

DOCUMENT # **P9700003436**1. Corporation Name

NIMROD FARMS, INC.

Principal Place	e of Business	Mai	iling Address								
4101 SW 48 AVE		4101	4101 SW 48 AVE								
PALM CITY FL 34990 PALM CITY FL			M CITY FL 34990	Y FL 34990			DO NOT WRITE IN THIS SPACE				
							Date Incorporated or Qualife		OFACE		1
							01/07/1997	4			1
3 Delevies D	lace of Business	2a.	Mailing Address				4. FEI Number	•	11	Applied For	┨
	lace of Business	—	Mailing Address	ı			65-0770883		-	Not Applicable	┨
Suite, Apt.	# ata	26	Suite, Apt. #, etc				05 0770005			Additional	1
22		- ├	27				5. Certifcate of Status Desired			Required	
City & State			City & State			-	6. Election Campaign Financing		\$5.0	0 May Be	1
23	_	28	• ,				Trust Fund Contribution	' <u> </u>		d to Fees	نتعة
Zip	Country		Zip		Country		8. This corporation owes the cu	rrent vear Inta	angible		1
24	25	29	- •	30]		Personal Property Tax.		☐Yes	□No	
2-1	9. Name and Address of Currer		ered Agent	1001			√10. Name and Address of New	Registered A	Agent]
			,		81	Name					7
SCH	andelmeier, debra j				82	C4===4 A	ddaga (D.O. Bay Number in Not Accom	table)			┨
4101 SW 48 AVE						Street A	address (P.O. Box Number is Not Accep	ess (P.O. Box Number is Not Acceptable)			
PALA	M CITY FL 34990			•	83		1.111				1
									T1 =-	<u>.</u>	-
					84	City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050)2 and 60	7.1508, Florida S	Statutes, t	he above	e-named c	corporation submits this statement for th	e nurnose of	changing i	ts registered	1
office or re	egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida	a. Such change v	was autho	nized by	the corpor	ration's board of directors. I hereby acc	ept the appoir	ntment as	registered	ļ
agent. i ai	m familiai with, and accept the obliga	suons or,	Section do cosos	J, Florida	Statutes						
SIGNATURE	Signature, typed or printed name of registered age	ent and title if	applicable.	(NOTE: Regi	stered Ager		quired when reinstating)	DATÉ		-	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN			(NOTE: Regi	stered Ager		quired when reinstating) ADDITIONS/CHANGES TO C		D DIRECT	TORS IN 12	
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12.	OFFICERS AN		TORS	İ	13. 1.1 TITLE 1.2 NAME						E024 (44,00)
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12. TITLE NAME	OFFICERS AN P SCHANDELMENER, DEBRA 4101 SW 48TH AVENUE		TORS	TE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature rec				e Addition	CD0E004 (44,00)
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6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE