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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000005397

TITLE

16194 GME 21.00

FIDDLE-							
	DE-DEE FARM, INC.						
				• .	# 140 (100) 110 (101) 101(1 03) (101) 1	RKH 44 HH 19 H9 (19H 19 ing a	6 111
Principal Plac	o of Rusinose	Mailing Address			- 1	Rill Balli Faidt Bilde illie i	8111 1861 1881
	*						•
6501 LUTZ LAKE FERN ROAD P.O. BOX 86024 LUTZ FL 33549-4997 MADEIRA BEACH FL 33782						•	
US US US					DO NOT WRITE I	IN THIS SPACE	
-	v				3. Date Incorporated or Qualifed		·
					01/15/1997		
2 Principal P	Place of Business	2a. Mailing Address,			4. FEI Number	App	olied For
z. Timopor.	100 01 20002	26			59-3420753	` Not	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	~ .			¬ \$8.75 ∧	dditional
Oute, Apt.	 , a.c.,	27			5. Certificate of Status Desired L	Fee Re	quired
City & Star	to .	City & State			6. Election Campaign Financing	\$5.00	May Re
— ·	ie .	28			Trust Fund Contribution	Added to	
23	Country	Zip	Country	, - -	8. This corporation owes the current		
Zip			30		Personal Property Tax.		⊠ No
24	9. Name and Address of Current		301	 .	10. Name and Address of New Reg	istered Agent	
	9. Name and Address of Current	registered Agent	81	Name			
SPIC	CER, JAMES E	ing the property of the state o					
10 16104 GULF BLVD			82	Street Address (P.O. Box Number is Not Acceptable)			
REDINGTON BEACH FL 33708			83	 -		411. 2411 KALA, \$1.42 (1)12	12111 351 152
. 1160	MICHOLI BEACHTE CONGO		63		1945年第55年		
		•	84	City	The second of th	85 Zip C	ode
00% 1/41 1 51	of the second se			<u>L.</u>		FL "	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607,1508, Florida Statutes	s, the abov	e-named corporation	oration submits this statement for the pur	rpose of changing its ne appointment as rec	registered
onice or	registered agent, or both, in the State of						
agent. I a	am familiar with, and accept the obligati	ions of, Section 607.0505, Flori	da Statutes	S.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	to appointment of the	,
		ions of, Section 607.0505, Flori	da Statutes	S.	oration submits this statement for the pur in's board of directors. I hereby accept the		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: 9			I when reinstating).	DATE	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: §	Registered Age		when reinstating); ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: 9	Registered Age		I when reinstating).	DATE	
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SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS ANI P SPICER, JAMES E	and title if applicable. (NOTE: §	13. 1.1 TITLE 1.2 NAME		when reinstating); ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P SPICER, JAMES E 16104 GULF BLVD	and title if applicable. (NOTE: §	13. 1.1 TITLE 1.2 NAME	nt signature required	when reinstating); ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	RS IN 12
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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 chapted, or on an attachment with/an address, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

FILED

Feb 04, 1999 8:00am

Secretary of State

02-04-1999 90009 042 ***150.00