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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIO

DOCUMENT # P97000021568 (5)

GOCEK FARMS, INC.

FILED Feb 26 1998 8:00am Secretary of State



Principal Place of Bus	iness	Mailing Addres	ss			1 (481)441 (1				181 1811 1881
RT 2. BOX 950 HIGH SPRINGS FL 32643		RT 2. BOX 950								
		HIGH SPHING	HIGH SPRINGS FL 32643				DO NOT WRITE IN THIS SPACE			
						3. Date incorp	orated or Qualified			
						04/01/19	997			
2. Principal Place of E	Business	2a. Mailing Ad	dress			4. FEI Numbe			Ar	oplied For
21	} ₁ ,	26				344488	ゟ		ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.						\$8.75	Additional
22	27	27				of Status Desired		Fee Re	equired	
City & State		City & State				mpaign Financing		\$5.00	Мау Ве	
23	28	28				Contribution			to Fees	
Z ip	Zip Country		Zipi Count			8. This corporation owes or has paid the current year Intangible				
24	25		29 30			Personal Property Tax due June 30. 📝 Yes 🔲 No] No	
	ame and Address of Currer	nt Registered Agen	t			10. Name and	Address of New R	egistered A	gent	
GOCEK, F	RANK L			81	Name					1
RT 2, BOX 950				82	Street Add	dress (P.O. Box Number is Not Acceptable)				
HIGH SPR					Address (F.O. Box Nulliber is Not Acceptable)					
1110(10)				83						
									las I Zin	Codo
	•			B4	City			FL	85 Zip	Code
office or registere agent. I am famili	rovisions of Sactions 607.056 id agent, or both, in the State as with, and accept the oblig	e of Horida. Such chi ations of, Section 60	ange was auti 17.0505, Florid	norized by la Statutes	the corpora s,	ation's board of dire	ctors. I hereby acce	pt the appo	intment as	registered
Signature.	typed or printed name of registered ag-		(NOTE: R		nt signature requ	ulred when reinstating)		DATE		
12.	OFFICERS AN	D DIHECTORS		13.		ADDITIONS/	CHANGES TO OFF			(
TOTLE		· LJ	DELETÉ	1 1 TITLE				L	Change	☐ Addition
NAME		•		1.2 NAME						
STREET ADDRESS		•		1.3 STREET	ADDRESS					
CITY-ST-ZIP				1.4 CITY-S	J-ZIP					
TITLE			DELETE	2.1 TITLE				i	Change	Addition
NAME FRA	nk L Goldks 2180X 989	-		5 5 NAME						
STREET ADDRESS 2	2801 950			2.3 STREET	ADDRESS					
CITY-ST-ZIP	chama Fl	2643_		2 4 CITY-	ST-ZIP					
TITLE	777		DELETE	3.1 TITLE				l	Change	Addition
NAME				3.2 NAME						
STREET ADDRESS				33 STREET	ADDRESS					
CITY-ST-ZIP				3.4. CITY-	ST - ZIP		NATE OF THE PROPERTY OF THE PR			
TITLE			DELETE	4.1 THLE					Change	Addition
NAME				4. 2 NAME	·]					
STREET ADDRESS				4.3 STREET	ADDRESS					
CITY-ST-ZIP				4.4 CITY-S	1 - ZIP					
TITLE			DELETE	5.1 TITLE					Change	Addition
NAME			;	5.2 NAME						
STREET ADORESS				5.3 STREET	ADDRESS					
CITY-ST-ZIP				6.4 CITY - S						
TITLE			DELETE	6.1 TITLE					Change	' Addition
NAME		_		6.2 NAME	ļ					ļ
				6.3 STREET	ADDRESS					ļ
STREET ADDRESS										
CITY-ST-ZIP				6.4 CITY-S	91-ZIP				126 141 1145	

I. Thereby 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 informatic 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 or director of the corporation or the receiver or trustee engiovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

-8-47 904 758 8836