Applied For Not Applicable \$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Yes

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 25, 1999 8:00 am Secretary of State

04-25-1999 90047 049 ***150.00

DOCUMENT # DOZOOO22025

1. Corporation Name MEAGHER FARMS, INC.					
Principal Place of Business Mailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2240 N SKEETER TERR HERNANDO FL 34442 US	2240 n skeeter ter Hernando FL 34442 Us			DO NOT WRITE IN THIS	SPAC
V	•			3. Date Incorporated or Qualifed 03/10/1997	
Principal Place of Business The Principal Place of Business	2a. Mailing Address			4. FEI Number 65-0737028	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8. F
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5 A
Zip Country 24 25	Zip 29	Country		This corporation owes the current year Int. Personal Property Tax.	angible Ye
- · l	Current Registered Agent	1	1	0. Name and Address of New Registered	Agent
MEAGHER, JAMES J		81 82	Name Street Address	(P.O. Box Number is Not Acceptable)	
7555 TURNER CAMP ROAD INVERNESS FL 34453		83	_		
		84	City	FL	85

|--|

		84	City	FL	.]	Zip Coo						
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	ALCO TO A STATE OF THE PARTY OF	aintacad Again	d elanatura r	required when reinstating) DATE								
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	13.	ii signitture i	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRE	CTORS	S IN 12					
TITLE	D DELETE	1.1 TITLE			Cha	ange	☐ Addition					
NAME	MEAGHER, JAMES J	1.2 NAME					l					
STREET ADDRESS	7555 TURNER CAMP ROAD	13 STREET	ADDRESS				Į					
CITY-ST-ZIP	INVERNESS FL 34453	14 CITY-S										
TITLE	D DELETE	2.1 TITLE			Cha	ange	Addition					
NAME	MEAGHER, SUSAN D	2.2 NAME					Ì					
STREET ADDRESS	7555 TURNER CAMP ROAD	2.3 STREET	ADDRESS				-					
CITY-ST-ZIP	INVERNESS FL 34453	2.4 CITY-S										
TITLE	☐ DELETE	3.1 TITLE			☐ Cha	ange	Addition					
NAME	, · · · · · · · · · · · · · · · · · · ·	3.2 NAME			-0₽		ا ا					
STREET ADDRESS		3.3 STREET	ADDRESS									
CITY-ST-ZIP		3.4. CITY-9	T-ZIP									
TITLE	□ DELETE	4.1 TITLE			☐ Chi	ange	☐ Addition					
NAME		4, 2 NAME										
STREET ADDRESS		4.3 STREE	TADDRESS									
CITY-ST-ZIP	:	4.4 CITY-S	T-ZIP									
TITLE	☐ DELETE	5.1 TITLE			Ch	ange	Addition 1					
NAME		5.2 NAME										
STREET ADDRESS	·	5.3 STREE	T ADDRESS									
CITY-ST-ZIP	·	5.4 CfTY-S	T-ZIP									
TITLE	☐ DELETE	6.1 TITLE			Chi	ange	Addition .					
NAME	•	6.2 NAME										
STREET ADDRESS	•	6.3 STREE	TADDRESS									
CITY-ST-ZIP		6.4 CITY-S	T-ZIP									
				11 O III- 440 07/03/13 Florida Chabitas I further non	dia. that	the ofe	-mation					

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: