Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90072 021 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation	MENT # P97000 (FARMS, INC.	033268					
Principal Place	e of Business	Mailing Address					HOE HOU FOR
4125 INDIAN BAYOU, NORTH P O BOX 1389							
DESTIN FL 3254		DESTIN FL 32540					
		U\$			DO NOT WRITE IN TH	1IS SPACE	
					3. Date Incorporated or Qualifed 04/11/1997		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	<u> </u>	lied For	
21		26		59-3440237		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Ad Fee Red		
22		27					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	•	
		Zip Country		This corporation owes the current year Intangible			
Zip	25 29 29		30		Personal Property Tax.		□No
24	9. Name and Address of Current		1301		10. Name and Address of New Registers		
	- t- d - 10 - 10 - 10		81	Name			
	MAN, RAYMOND F JR.			2 04	description of New Assessments		
150 EGLIN PARKWAY, N.E. FORT WALTON BEACH FL 32548			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
			83	3	`		
			L		in the state of th		
			84	City	F	EL 85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	ites, the abov	e-named cor	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its r	egistered
office or n	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was ions of, Section 607,0505, Fl	authorized by orida Statute	y the corporat s.	tion's board of directors. I hereby accept the ap	pointment as reg	isterea
J	Idilimai ilia, dila assopti die congal						
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registered Age	ant signature requir	red when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETÉ 1.1				☐ Change	☐ Addition
NAME	WALTER L BARTON			į			
STREET ADDRESS			1.3 STREE	ET ADORESS			
CITY-ST-ZIP	DESTIN FL 32541		1.4 CITY-	ST-ZIP	W-Paris		
TITLE	VP	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	STEPHEN D GREENE		2.2 NAME				
STREET ADDRESS			2.3 STREE	ET ADDRESS			
CITY-ST-ZIP	MARY ESTHER FL 32569		2.4 CITY-	\$T-ZIP	· · · · · · · · · · · · · · · · · · ·		T Addison
TITLE	ST NEAD OF EMENT	☐ DELETE	, 3.1 TITLE		م موجه در	Change	☐ Addition
NAME	NEAL CLEMENT		3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	DESTIN FL 32541	☐ DELETE	3.4. CITY-			☐ Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE			change	
NAME			4. 2 NAME			•	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-			Change	Addition
TITLE		becere	5.1 TITLE 5.2 NAME			- cirange	
NAME				ET ADDRESS			
STREET ADDRESS			5.4 CITY-				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME			-	
STREET ADDRESS			6.3 STREE	ET ADDRESS			
CINCL! ADDINGOO				1			

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 received or justee 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, order an attachment with an address, with all other like empowered.

SIGNATURE:

| 100 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 |

6.4 CITY-ST-ZIP