

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

001966

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90253 041 ***150.00

DOCUMENT # P97000033892

1. Corporation Name

DAVID'S BIRD FARM, INC.

Principal Place of Business

RT 2 BOX 422
JASPER FL 32052
US

Mailing Address

RT 2 BOX 422
RT 2 BOX 422
JASPER FL 32052
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1997

4. FEI Number

59-3470175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3799 County Road 51 N

2a. Mailing Address

26 3799 County Road 51 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Jasper, FL 32052

City & State

28 Jasper, FL 32052

Zip

Country

24 32052

25

Zip

Country

29 32052

30

9. Name and Address of Current Registered Agent

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
1406 HAYS STREET
SUITE 2
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name **Claudette M Goolsby**

82 Street Address (P.O. Box Number is Not Acceptable)
3799 County Road 51 N

83

84 City **Jasper**

FL

85 Zip Code
32052

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

Claudette M. Goolsby

(NOT E: Registered Agent signature required when reinstating)

DATE

4-27-99

12. OFFICERS AND DIRECTORS

TITLE **VTSD** ☐ DELETE
NAME **GOOLSBY, CLAUDETTE M**
STREET ADDRESS **RT 2 BOX 422**
CITY-STATE-ZIP **JASPER FL 32052**

TITLE **PD** ☐ DELETE
NAME **GOOLSBY, DAVID**
STREET ADDRESS **RT 2 BOX 422**
CITY-STATE-ZIP **JASPER FL 32052**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Goolsby, Claudette M**
1.3 STREET ADDRESS **3799 County Road 51 N**
1.4 CITY-STATE-ZIP **Jasper, FL 32052**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Goolsby, David**
2.3 STREET ADDRESS **3799 County Road 51 N**
2.4 CITY-STATE-ZIP **Jasper, FL 32052**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

Claudette M. Goolsby

4-27-99

Date

(904) 792-2565

Daytime Phone #

CR2E034 (11/98)