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 CORPORATIONS

DOCUMENT # P97000054280 (7)

	FARMS CORPORATI	Mailing Address			100000000000000000000000000000000000000		
Principal Place of Business 1980 S MARION ST LAKE CITY FL 32025		1990 S MARION ST LAKE CITY FL 32025			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 06/19/1997	tt	
2. Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number 59-34-55/65	-	Applied For Not Applicable
Suite, Apt #, elc		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	— \$8.75 Additional	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country 25		7 _(F)	Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
9	Name and Address of Cu				10. Name and Address of New Registered Agent		
HOWARD, CHRISTOPHER R				1 Name			
1	S MARION ST CITY FL 32025			2 Street Add	et Address (P.O. Box Number is Not Acceptable)		
	OHIT TE GEGEO		18	13			
				14 City	FL 85 Zip Code		
11. Pursuant to the office or regist agent. I am fa	ne provisions of Sections 607 sterod agent, or both, in the S amiliar with, and accept the o	.0502 and 607.1508, Florida St Slate of Florida. Such change w bligations of, Section 607.0505	atutes, the abo as authorized , Florida Statut	ove-named co by the corporates.	rporation submits this statement for the ation's board of directors. I hereby acc	purpose of changing purpose pt the appointment	ng its registered t as registered
SIGNATURE Sign	of eq. typed or penied caree of regarders		(NOTE Registered A	Agent signature req	uired when reinstating)	DATE	
12. OFFICERS		AND DIRECTORS 1			ADDITIONS/CHANGES TO OFF		
TIFLE	DELETE 1		1 1 TITLI	· #	resident	<u> </u>	nge 🔲 Addition
NAME	1.2		1.2 NAM	lt /	YOWARD, CHRISTOPI	HER R.	
STREET ADDRESS	5] 13		1.3 S1R	ET ADDRESS /			
CITY - ST - ZIP			1.4 CiTY	- ST - 7IP	LAKE CITY, FLORIDA 32025		
TITLE		✓ DELETE 21		· /	vie Bresident	□ chan	ige L Addition
NAME		1	2.2 NAM	E /	HOWARD, CHRISTOPHER 980 5 MARION ST	_ K	
STREET ADDRESS			2 3 STRE	E1 ADDRESS /	986 S. MARION 31		
CITY-ST-ZIP				(-ST-ZIP	CAKE CITY, FL 32	2025	
TITLE		OELETE 31		5	ecretary	. D CHân	nge 🔲 Addition
NAME		, i	32 NAM		YOWARD CHRISTOPHER 980 S. MARION ST.	, /(İ
STREET ADDRESS		\	33STRE	ET ADDRESS 🖊	980 5. MINETER 31.		ļ
CITY-ST-ZIP				(-SI-ZIP C	ARE CITY, FL 3202		
TITLE		DEFETE	4.1 7171.1		IRECTOR	a chán	nge 🔲 Addition
NAME		\	4. 2 NAN	NE A	HOWARD, CHRISTOPA	5R	
STREET ADORESS			4 3 \$1RE	FI ADDRESS /	HWARD, CHRISTOPH 1805. MARION ST		
CITY+S1-ZIP			4.4 City	-ST-ZIP C.	AKE CITY, FL 32	063	
TITLE		☐ DELETE	5 1 7(1)		• /	Chan	nge 🔲 Addition
NAME			5.2 NAM	ŧ			
STREET ADDRESS			5 3 \$1RE	ET ADDRESS			
CITY-ST 7IP			54 CITY	- S1 - ZIP			
TITLE		DELETE	6 1 1111			Chan	nge 🔲 Addition
1 2022				. 1			l

14. 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 information indicated on this annual report or suppliemental 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 of the receiver or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change from an address.

STREET ADDRESS

CHRISTOPHER R. HOWARD

6 3 STREET ADDRESS

FILED

Apr 23 1998 8:00am

Secretary of State

755-7541