

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 20, 1999 8:00 am  
Secretary of State

04-20-1999 90169 012 \*\*\*150.00

DOCUMENT # P97000055740

1. Corporation Name  
WENGERD FARMS, INC.

Principal Place of Business  
7504 CR 619  
BUSHNELL FL 33513

Mailing Address  
7504 CR 619  
BUSHNELL FL 33513

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/23/1997

4. FEI Number  
59-3503613

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

WENGERD, JOSEPH  
7504 CR 619  
BUSHNELL FL 33513

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 Joseph Wengerd  
Signature, typed or printed name of registered agent and title if applicable.

Joseph Wengerd  
NOTE: Registered Agent signature required when reinstating.

4-16-99  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME WENGERD, JOSEPH  
STREET ADDRESS 7504 CR 619  
CITY-ST-ZIP BUSHNELL FL 33513

TITLE VPD ☐ DELETE  
NAME WENGERD, NATHAN  
STREET ADDRESS 7504 CR 619  
CITY-ST-ZIP BUSHNELL FL 33513

TITLE SD ☐ DELETE  
NAME WENGERD, MARY  
STREET ADDRESS 7504 CR 619  
CITY-ST-ZIP BUSHNELL FL 33513

TITLE TD ☐ DELETE  
NAME WENGERD, EUGENE  
STREET ADDRESS 7504 CR 619  
CITY-ST-ZIP BUSHNELL FL 33513

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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: Joseph Wengerd 4/16/99 352-793-6861  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

0379628

CR2E034 (11/98)