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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STA

Sandra B. Morthem

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9700063061 (0)

DENVER OAKS FARMS, INC.

FILED Feb 10 1998 8:00am Secretary of State



Principal Place of Business DENVER ROAD ORESCENT CITY FL 32112	Mailing Address DENVER ROAD CRESCENT CITY FL 32112	2	DO NOT WRITE IN 3. Date Incorporated or Qualified	
			07/17/1997	
2. Principal Place of Business 21 /48 DENVER ROA	26 P.O. Box 5/1	/	4. FEI Number 59-3476991	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.	city FL		\$8.75 Additional Fee Required
City & State 23 CAFSCENT City FL	City & State 28 CRESCENT	City FL	B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 32/12 25 PUT M	nan 29 32/12	Country 30 PUTNAN	8. This corporation owes or has paid the Personal Property Tax due June 30	
g. Name and Address of C GALES, RALPH A	Current Registered Agent	B1 Name	10. Name and Address of New Regis	tered Agent
ROUTE 2 BOX 948 P.C CRESCENT CITY FL 32112Cr	7,0502 and 607,1508. Florida Statute	82 Street 83 84 City s, the above-named of the corporate Statutes.	AGORDAN STATE OF THE PURCHASE	FL 85 Zip Code 32//2 ose of changing its registered te appointment as registered
SIGNATURE JAPAN	ales	Programmed Appell and a second	we start when this started	DATE
	red agent and title 4 applicable (NOTE: RSIAND DIRECTORS	: Registered Agent signature 4	ADDITIONS/CHANGES TO OFFICER	
THE ROLPH O GO	150000 DELETE	1.1 TITLE	PROSTONO	Change Addition
NAME NAME	Control	1.2 NAME	, .	
STREET ADDRESS 148 DENVER		1.3 STREET ADDRESS		
CITY-ST-21P CRESCENT. CIT	ty F1 32112	1.4 CITY-ST-ZIP		
DEGORAH G. D	BAILES DELETE	2.1 TITLE	VIP - TREAD	Change Addition
HAME STREET ADDRESS 16 116 LAURELA	RINGE PRINC	2.2 NAME		
		2.3 STREET ADDRESS		
CITY-ST-71P LAUREL, ALC		2 4 CITY-ST-ZIP		
HILE ADELE L. BA	DELETE	3.1 TITLE	SEC.	Change Addition
"MIC LOG ROWEDS	LANE	3.2 NAME		
		33 STREET ADDRESS		
CITY-ST-ZIP St. AUSG TINE	1 Therete	3.4. CHY-ST-7IP		Change Addition
TOTLE	Drefte	4.1 TITLE		LI SHANGE LII AUGINUN
STREET ADDRESS		4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	DELETE	51 TITLE		Change Addition
NAME		5.2 NAME		Fire Do
STREET ADDRESS		5.3 STREET ADDRESS		STION
CITY-ST-ZIP		5.4 CITY - S1 - ZIP		0 X ,
TITLE	DELETE	6.1 TITLE		Change Addition
NAME	—	6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		Q~X
CITY-SI-ZIP		6.4 CITY - ST - ZIP		$O(\sqrt{2})$
14. I hereby certify that the information supp	hed with this filing does not quality for mental annual report is true and accu-	the exemption stated	in Section 119.07(3)(i), Florida Statutes I furl lature shall have the same legal effect as if ma	her certify than the information de under eath that I am an
	e receiver or trustee empowered to ex		required by Chapter 607, Florida Statutes; and	

RIGHATURE BOLOG A COLEK

1/10/00

CAL199.25/3