

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

DOCUMENT # P97000088589

1. Corporation Name
TREVER FARMS, INC.

Principal Place of Business
2927 VERONA RD
SHAWNEE MISSION KS 66208

Mailing Address
2927 VERONA RD
SHAWNEE MISSION KS 66208

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90009 001 *****8.75

03-17-1999 90009 002 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/13/1997

4. FEI Number
58-2349114

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
21 611 Brightwaters Blvd., NE
Suite, Apt. #, etc.

2a. Mailing Address
26 611 Brightwaters Blvd., NE
Suite, Apt. #, etc.

22 City & State
23 St. Petersburg, FL

27 City & State
28 St. Petersburg, FL

24 Zip Country
33704 USA

29 Zip Country
33704 USA

9. Name and Address of Current Registered Agent

PRAHL, JOHN T
2801 PONCE DE LEON BLVD, SUITE 1155
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Leslie G. Trevathan
82 Street Address (P.O. Box Number is Not Acceptable)
611 Brightwaters Blvd., NE
83
84 City St. Petersburg FL 85 Zip Code 33704

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 Leslie G. Trevathan, Director 1/22/99
Signature based on printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	TREVATHAN, LESLIE G	2927 VERONA RD	SHAWNEE MISSION KS 66208	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	15 DELETE
		611 Brightwaters Blvd., NE	St. Petersburg, FL 33704	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
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				<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leslie G. Trevathan

1/22/99

Date

727-822-3300

Daytime Phone #

CR2E034 (11/98)