

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 # P97000092521

1. Corporation Name
LEGENDARY FARMS, INC.

Principal Place of Business
385 HIGHWAY 98 EAST SUITE 60
DESTIN FL 32541

Mailing Address
385 HIGHWAY 98 EAST SUITE 60
DESTIN FL 32541

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90027 006 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/27/1997

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-3475334

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEGLER, MITCHELL W
ONE INDEPENDENT DRIVE SUITE 3104
JACKSONVILLE FL 32202

81 Name
LEGLER, MITCHELL W.

82 Street Address (P.O. Box Number is Not Acceptable)
300A Wharfside Way

83

84 City Jacksonville FL 85 Zip Code 32207

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

Mitchell W. Legler

3/3/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BOS, PETER H
385 HIGHWAY 98 EAST SUITE 60
DESTIN FL 32541

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
V/T
BUSFIELD, DAVID A
385 Hwy 98 E, Ste 60
Destin, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TV
CLAUSON, G
385 HWY 98 E STE 60
DESTIN FL 32541

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
V
CLAUSON, GREG
385 Hwy 98 E, Ste 60
Destin, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
LORENZEN, D C
385 HYE 98 E STE 60
DESTIN FL 32541

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
PARKER, W
385 HWY 98E, STE 60
DESTIN FL 32541

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BURK, E G
385 HWY 98 E, STE 60
DESTIN FL 32541

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
S
BURKE, G
385 Hwy 98E, Ste 60
Destin, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Peter H. Bos

4/8/99

850-654-6500

Date

Daytime Phone #

CR2E034 (1/98)