

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

FILED  
Mar 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morth</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000094697 (4)**

1. Corporation Name

**GREENSWAMP FARMS, INC.**

Principal Place of Business

Mailing Address

**5210 W THONOTOSASSA ROAD  
PLANT CITY FL 33565**

**5210 W THONOTOSASSA ROAD  
PLANT CITY FL 33565**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	
11/03/1997	
4. FEI Number	Applied For
59-3473601	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent	
KEEL, C J JR 4045 HENDERSON BLVD TAMPA FL 33629	

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

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

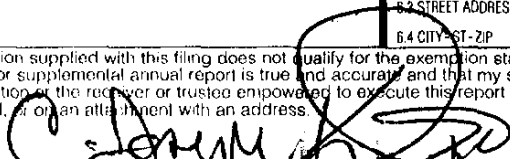
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	KEEL, C J III	1.2 NAME	
STREET ADDRESS	5210 W THONTOSASSA ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33565	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	KEEL, RAYMOND F	2.2 NAME	
STREET ADDRESS	5210 W THONTOSASSA ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33565	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	KEEL, RYAN W	3.2 NAME	
STREET ADDRESS	5210 W THONTOSASSA ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33565	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE



2/18/98

813-752-4260

CR2E034 (10/97)