

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000107570 (8)**

1. Corporation Name

PHIL TURNER FARMS, INC.



Principal Place of Business 1999 NE LIVINGSTON ST. ARCADIA FL 34266	Mailing Address 1999 NE LIVINGSTON ST. ARCADIA FL 34266
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1997

4. FEI Number

59-3483989

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ 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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TURNER, PHILIP W
1999 NE LIVINGSTON ST.
ARCADIA FL 34266**

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

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	P/D	☐ Change ☒ Addition
1.2 NAME	Philip W. Turner	
1.3 STREET ADDRESS	1999 NE Livingston Street	
1.4 CITY-ST-ZIP	Arcadia, FL 34266	

2.1 TITLE	V/D	☐ Change ☒ Addition
2.2 NAME	Philip W. Turner Jr.	
2.3 STREET ADDRESS	4067 NE Masters Avenue	
2.4 CITY-ST-ZIP	Arcadia, FL 34266	

3.1 TITLE	S/T/D	☐ Change ☒ Addition
3.2 NAME	Libby T. Heine	
3.3 STREET ADDRESS	1922 NE Livingston Street	
3.4 CITY-ST-ZIP	Arcadia, FL 34266	

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.

SIGNATURE



Libby T. Heine

2-10-98

941-494-3700

CP2E034 (10/97)