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

**PROFIT** CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P97000107570 (8)

PHIL TURNER FARMS, INC. Principal Place of Business Mailing Address 1999 NE LIVINGSTON ST. 1999 NE LIVINGSTON ST. ARCADIA FL 34286 ARCADIA FL 34268 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/23/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3483989 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible □ No X Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent TURNER, PHILIP W 1999 NE LIVINGSTON ST. Street Address (P.O. Box Number Is Not Acceptable) ARCADIA FL 34266 83 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 reinsteting) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE Philip W. Turner 1.2 NAME NAME 1999 NE Livingston Street STREET ADDRESS 1.3 STREET ADDRESS Arcadia, FL 34266 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Change V/D 2.2 NAME Philip W. Turner Jr. STREET ADDRESS 2.3 STREET ADDRESS 4067 NE Masters Avenue CITY-ST-ZIP 2. 4 CITY-ST-ZIP <u> Arcadia. FL 34266</u> Addition DELETE Change TITLE 3.1 TITLE S/T/D NAME 3.2 NAME Libby T. Heine STREET ADDRESS 3.3 STREET ADDRESS 1922 NE Livingston Street 3.4. CITY-ST-ZIP CITY-ST-ZIP Arcadia, FL 34266 DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

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 lan address. Dall Libby T. Heine 2-10-98

**6.3 STREET ADDRESS** 

6.2 NAME

941-494-3700

**FILED** 

Feb 18 1998 8:00am

Secretary of State