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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P97000107570

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90066 043 ***150.00

PHIL TURNER FARMS, INC. Principal Place of Business Mailing Address 1999 NE LIVINGSTON ST. 1999 NE LIVINGSTON ST. ARCADIA FL 34266 ARCADIA FL 34266 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/23/1997 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3483989 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Country Zip Zip 8. This corporation owes the current year Intangible □No 29 30 Personal Property Tax. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent TURNER, PHILIP W 82 Street Address (P.O. Box Number is Not Acceptable) 1999 NE LIVINGSTON ST. ARCADIA FL 34266 83 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE TURNER, PHILIP W 1.2 NAME NAME 1999 NE LIVINGSTON STREET 1.3 STREET ADDRESS STREET ADDRESS ARCADIA FL 34266 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE TURNER, PHILIP W JR 2.2 NAME NAME 4067 NE MASTERS AVENUE 2.3 STREET ADDRESS STREET ADDRESS ARCADIA FL 34266 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition **XX**Change STD ☐ DELETE 3.1 TITLE TITLE HEINE, LIBBY T 3.2 NAME McKettrick, Libby T. NAME 1922 NE LIVINGSTON STREET 3.3 STREET ADDRESS STREET ADDRESS ARCADIA FL 34266 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-7IP 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 suppliemental 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:

while Complete that REIDBY T. McKettrick

941-494-3700

CR2E034 (11/98)