2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 12, 2001 8:00 am Secretary of State DOCUMENT # P97000107570 PHIL TURNER FARMS, INC. 02-12-2001 90241 049 ***150.00 Mailing Address Principal Place of Business 1999 NE LIVINGSTON ST. 1999 NE LIVINGSTON ST. ARCADIA FL 34266 ARCADIA FL 34266 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3483989 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TURNER, PHILIP W Street Address (P.O. Box Number is Not Acceptable) 1999 NE LIVINGSTON ST. ARCADIA FL 34266 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE TURNER, PHILIP W NAME NAME 1999 NE LIVINGSTON STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ARCADIA FL 34266 ☐ Change ☐ Addition ☐ Delete TITLE TITLE TURNER, PHILIP W JR NAME NAME STREET ADDRESS 4067 NE MASTERS AVENUE STREET ADDRESS CITY-ST-7IP ARCADIA FL 34266 CITY-ST-ZIP _____. Change___ ... Addition_ Delete TITLE TITLE MCKETTRICK, LIBBY T NAME NAME 1922 NE LIVINGSTON STREET STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP ARCADIA FL 34266 CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 in truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Philip W. Turner

2-7-01

863-494-3700

Daytime Phone #

address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attached

SIGNATURE: