2002 UNIFORM BUSINESS REPORT (UBR)

Feb 25, 2002 8:00 am Secretary of State DOCUMENT # P97000107570 1. Entity Name 02-25-2002 90039 008 ***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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3483989 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired -6.-Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent TURNER, PHILIP W Street Address (P.O. Box Number is Not Acceptable) 1999 NE LIVINGSTON ST. ARCADIA FL 34266 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition ☐ Delete TITLE NAME Turner, Philip W NAME STREET ADDRESS STREET ADDRESS 1999 NE LIVINGSTON STREET CITY-ST-ZIP CITY-ST-ZIP ARCADIA FL 34266 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME TURNER, PHILIP W JR STREET ADDRESS STREET ADDRESS 4067 NE MASTERS AVENUE CITY-ST-ZIP CITY-ST-ZIP arcadia FL 34266 ☐ Delete STD--- -- --TITLE Change ☐ Addition NAME NAME MCKETTRICK, LIBBY T STREET ADDRESS STREET ADDRESS 1922 NE LIVINGSTON STREET CITY-ST-ZIP CITY-ST-ZIP arcadia FL 34266 ☐ Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

2/12/02

(863) 494-3700

Daytime Phone

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FILED