

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90064 042 ***150.00

DOCUMENT # P98000002863

1. Corporation Name
GOLDEN COUNTRY FARMS, INC.



Principal Place of Business
**1666 WILLIAMSBURG SQUARE
LAKELAND FL 33803**

Mailing Address
**1666 WILLIAMSBURG SQUARE
LAKELAND FL 33803**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3818 CR 665

Suite, Apt. #, etc.

22

23 City & State
Ona, FL 33865

24 Zip Country
33865 USA

2a. Mailing Address

26 1962 West Main Street

Suite, Apt. #, etc.

27

28 City & State
Wauchula, FL 33873

29 Zip Country
33873 USA

3. Date Incorporated or Qualified

01/12/1998

4. FEI Number

65-0807070

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**NOLAN, JOSEPH J
1666 WILLIAMSBURG SQUARE
LAKELAND FL 33803**

10. Name and Address of New Registered Agent

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 **D** ☐ DELETE
NAME **BASS, CHARLES**
STREET ADDRESS **ROUTE 1 BOX 306B**
CITY-STATE-ZIP **WAUCHULA FL 33873**

TITLE **D** ☐ DELETE
NAME **SOCIA, CLARENCE J**
STREET ADDRESS **2626 DUFF ROAD**
CITY-STATE-ZIP **LAKELAND FL 33809**

TITLE **D** ☐ DELETE
NAME **NOLAN, JOSEPH J**
STREET ADDRESS **1666 WILLIAMSBURG SQUARE**
CITY-STATE-ZIP **LAKELAND FL 33803**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1962 West Main Street**
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

Charles Bass

Charles Bass

4/1/99

(941) 773-4520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Daytime Phone #)

CR2E034 (11/98)

0433537