

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90020 020 ***150.00

DOCUMENT # **P98000005933**

Corporation Name

HAVANSIDE FARMS GENERAL STORE OF HAVANA, INC.

Principal Place of Business

ROUTE 4 BOX 2355
HAVANA FL 32333

Mailing Address

ROUTE 4 BOX 2355
HAVANA FL 32333

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1998

4. FEI Number

59-3487652

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.



Yes



No

Principal Place of Business

1549 Florida Georgia Hwy

Suite, Apt. #, etc.

2a. Mailing Address

26 1549 Florida Georgia Hwy

Suite, Apt. #, etc.

City & State

HAVANA FL

City & State

28 HAVANA

Zip

32333

Country

25 Gadsden

Zip

29 32333

Country

30 Gadsden

9. Name and Address of Current Registered Agent

PAYTON, COLLEEN
ROUTE 4 BOX 2355
HAVANA FL 32333

10. Name and Address of New Registered Agent

81 Name

Colleen Payton

82 Street Address (P.O. Box Number is Not Acceptable)

1549 Florida - Georgia Hwy

83

84 City

HAVANA

FL

85 Zip Code

32333

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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PTD PAYTON, COLLEEN ROUTE 4 BOX 2355 HAVANA FL 32333	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD KOHLER, KARI ROUTE 4 BOX 2355 HAVANA FL 32333	<input type="checkbox"/> DELETE	1.2 NAME	
SD MOORE, HEIDI ROUTE 4 BOX 2355 HAVANA FL 32333	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Colleen Payton*

7-6-99 P50-539-5454

CR2E034 (5/99)

1009068-216
P 9800000593

7-7-99

Dear Sir

I did not receive the first mailing
of the 1999 Profit Corporation Annual Report.
We all have a new 911 mailing addresses
in Spalden County. It must have been lost
in the mail.

Thank you,
Cecilia Bayton
Wayside Farm General Store of Havana, Inc.
8549 Florida Georgia Hwy.
Havana, IL 32333