**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000009638

## **FILED** Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90063 011 \*\*\*150.00

1, Corporatio						
WALSH FARMS, INC.					( 1861188) (15 (Bant 1911) BEID BEITE BART BE	III <i>adilə fəri</i> ə Diləə (1703-1811-1801
			A 4 - 95			(U OCCUM FRUGE ARCEN IKTOT FOLF GENI
Principal Plac	e of Business		Mailing Address			
19380 SW 264 STREET 19380 SW 264 STREET HOMESTEAD FL 33031						
HOMESTEAD F	L 33031		HOMESTERD PL 30001		DO NOT WRITE IN TH	IS SPACE
					3. Date incorporated or Qualifed	
i i					01/30/1998	
2. Principal P	lace of Business	ome Avi	2a. Mailing Address	MAIQZ	4 FELNumber	Applied For
21 300	N. Kr	ome Avi		100183	W7-0001175	Not Applicable \$8.75 Additional
Suite, Apt,	4" occ. Office	14	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & Sta	le L. C'I	, 11	City & State	1 6	6. Election Campaign Financing	\$5.00 May Be
23 <b>HOY</b>	ida Lity	1, 14	28 410MCXEV	7, 10	Trust Fund Contribution	Added to Fees
Zip 42	nan =	ountry Z	「2º22NAN	Country	*** This corporation owes the current year	Intangible — — — — — — — — — — — — — — — — — — —
24 22	U70 25	سمري		30 DDW.	Personal Property Tax.  10. Name and Address of New Registers	
<b> </b>	9. Name and	Address of Currer	nt Registered Agent	81 Name	19. House suit Varioss of the Publishing	
MAAS, JOHN P ESQUIRE				[		
	NE 16 STREET	308 L		82 Street Address (P.O. Box Number is Not Acceptable)		
	MESTEAD FL 33	030		83		
110.	#E01E-01:00	•••				
{				84 City	F	L 85 Zip Code
14 Pureupot	In the provisions	of Sections 607 050	2 and 607 1508. Florida Statute	s, the above-named cor	poration submits this statement for the purpose	of changing its registered
office or t	registered agent, o	or both, in the State	of Florida, Such change was au	thorized by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	ointment as registered
1		iu accepi ine obliga	idolis di, decdol) dor,osos, rioli	and Difference.	•	
SIGNATURE	Signature, typed or port	ed name of registered age	nt and title if applicable. (NOTE:	Registered Agent signature requi		
12.		OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	OWNE		☐ DELETE	1,1 TITLE		AND DIRECTORS IN 12  Change Addition
NAME	WALSH, THO			1.2 NAME		
STREET ADDRESS	100-0 0			1.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD	FL 33031	funito)	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	INOISH.	. Kevin	CONNOCEDELETE	2.1 TITLE		
NAME	10200	SW 264	Set.	22 NAME		1
STREET ADDRESS	Homes		- ''aasal	2.3 STREET ADDRESS		
CITY-ST-ZIP	1 THURSES					
TITLE	1 1000	NEWOY !	し 33031	2.4 CITY-ST-ZIP	<u> </u>	Change Addition
NAME	1	news, i	-U 33031 DELETE	3.1 TITLE		Change Addition
		news, r		3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS		16007		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	<u> </u>	Change Addition
CITY-ST-ZIP				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY- ST- ZIP		Change Addition
CITY-ST-ZIP		new)	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS			DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS ,		Change Addition
CITY-ST-ZIP			DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	3		DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Section 119.07(3)(i). Florida Statutes, I further	Change Addition  Change Addition  Change Addition

I hereby certify that the information supplied with this filling does not quality for the exemption state in Section 113.07(3)(i). Florida Statutes, that the finding 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 each; 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: