FILED Apr 09, 2002 8:00 am Secretary of State

FOR PROFIT CORPORATION

U	MILOKIAI BÓZIME	:99 KEPUK	ı (U	BK)		04-09-2002 90739	022	***150.00	
DOCU 1. Entity Nam	MENT# P98000044	.018							
НАТСНЕ	ETT CREEK FARMS, INC	:							
	DO NOT WRITE	IN THIS S	PAC	 E					
				_		១៣០៩	לחכ	q .	
Principal Place of Business 3. Mailing Address						B0062079			
Suite, Apt. #, etc. Suite, Apt. #, et						DO NOT WRITE IN THIS	SPACE		
11713 N City & State	E STATE ROAD #26	11713 NE STATE ROAD #26 City & State				4. FEI Number Applied For			
		GAINESVILLE, FL 32641			4.	59-3535473	-	Applied For Not Applicable	
Zip	Country ALACHUA	Zip	Cour	Country ALACHUA		Certificate of Status Desired	\$8.75 Fee Re	Additional	
	TIDITOITON -		AHA	L	7. Na	ame and Address of Current Registere		·	
مو وندنت دیثو	DO NOT 141			Name					
DO NOT WRITE				Street Address		(P.O. Box Number is Not Acceptable)			
	in this sp	ACE		<u> </u>					
				City		FL	Zip	Code	
A The shove	named entity submits this statement for	r the nursess of chancing it	es ranietos	od office or red	istorod as				
o, me acove	named entry subtines this statement to	title pulposs of charging i	ទេ ខេត្តប្រភាព	ed once or reg	istered ag	esic or both, is the state of Horida.			
SIGNATURE					<u> </u>		·	·	
	Signature, typed or printed name of registered agent a	Innues 1		ee is \$150.00		anstating) - DATE			
Tax filling requirement and elects to do so. After May 1, See gettering as bush.			y 1, Fee ed UBR	e is \$550.00 10. Election Campaign Financing \$5.00 May Be					
11.	. OFFICERS AND	·							
TITLE"	PD GRIFFITH, GEORG	GE W. JR.	TITL NAM	ſ					
NAME STREET ADDRESS	DEET ADDRESS DOZI NW 4ZNU KUAU			EET ADDRESS					
CITY+ST-ZIP	GAINESVILLE FL 326	506	CITY	'-ST-ZIP					
TITLE NAME	STD GRIFFITH, SUSAN M.			E I					
STREET ADURESS	FC01 10			LET ADDRESS				ĺ	
CITY - ST- ZIP	Y-ST-ZIP GAINESVILLE FL 32606								
TITLE NAME			TITL NAM						
STREET ADDRESS				EET ADDRESS					
CHY-ST-ZIP	II-21P			'-ST-ZIP	DO NOT WRITE				
TITLE NAME			TITE	1		IN THIS SPACE	CE		
STREET ADDRESS				FET ADDRESS					
CITY+S1-ZIP			CITY	'-ST-ZIP					
TITLE			THE	1					
NAME STREET ADDRESS			NAM STRI	EET ADDRESS					
CITY+\$T-ZIP				-ST-ZIP					
TITLE	•	,	TITL						
NAME STREET ADDRESS			NAM STD	,		1		. •	
CITA-21-SIB	4.5%		1	ET ADDRESS -ST-ZIP	-				
13. Thereby of indicated of the corpattachmen	erify that the information supplied with on this report of supplemental report is poration or the receiver or trustee emp it with an address, with all other like em	this filing does not qualify for true and accurate and that owered to execute this rep- powered.	or the exe my signa ort as roo	emption stated in ture shall have uired by Chapt	n Section the same or 607, Flo	119.07(3)(i), Florida Statutes. I further cer legal effect as if made under oath; that I rida Statutes: and that my name appear	tify that im an ô s in Blo	the information fficer or director ck 11 or on an	