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

DOCUMENT # **P98000082331** 1. Corporation Name

TERRA FIRMA SALES, INC.

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90011 008 ***150.00

,					
Principal Place	e of Business	Mailing Address			
313 DANTE DRIVE 313 DANTE DRIVE					
NOKOMIS FL 34275 NOKOMIS FL 34275				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualifed	3 SFACE
				09/17/1998	
6 D : :	II	2a. Mailing Address		4. FEI Number	Applied For
—	lace of Business	⊢		65-0905396	Not Applicable
21 Suite Ant	# etc	Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt.	#, GIC.	27		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year li	ntangible
24	. 25	29	30	Personal Property Tax.	v Yes □No
24	9. Name and Address of Curren		1	10. Name and Address of New Registered	d Agent
•			81 Name 1	11 1 2 (1) 1 2 5	F
WHE	EELER, CHARLES F		82 Street Add	Tress (P.O. Box Number is Not Acceptable)	1,
901	venetia bay boulevard	1	Sireel Add	Venetia Bay Blud	
SUN	TE 200		83		
VEN	ICE FL 34292		701	te 530	
			B4 City	lenice F	L 85 Zip Code 3 4 2 9 と
44 Purcuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Stat	utes, the above-named cor	poration submits this statement for the numose (of changing its registered
office or r	registered agent, or both, in the State	of Florida. Such change was	authorized by the corporat	tion's board of directors. I hereby accept the appe	ointment as registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, F	lorida Statutes.		
SIGNATURE	Classic and a state of a superior of conjectured const	et and title if applicable /NO	TE: Registered Agent signature requit	red when reinstation) DATE	
******	Signature, typed or printed name of registered ager		TE: Registered Agent signature requirements		AND DIRECTORS IN 12
12.	OFFICERS AN	nt and title if applicable. (NO	13.	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	IND DIRECTORS IN 12
12. TITLE	OFFICERS AN	ID DIRECTORS			
12. TITLE NAME	OFFICERS AN D WHEELER, FRANK C	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME		
12. TITLE NAME STREET ADDRESS	OFFICERS AN D WHEELER, FRANK C 313 DANTE DRIVE	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN D WHEELER, FRANK C	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D WHEELER, FRANK C 313 DANTE DRIVE NOKOMIS FL 34275	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
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CITY-ST-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: