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

PRÓFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000100975

SLEEPY (DAKS FARM, INC.							
Oringinal Place	o of Business	Mailing Address			-+			
-								
925 COWART ROAD 925 COWART ROAD PLANT CITY FL 33567 PLANT CITY FL 33567								
ILAN ON TE		TEATT OF THE GOOD				DO NOT WRITE IN THIS	SPACE	
					Γ	3. Date Incorporated or Qualifed		
						12/04/1998		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI-Number	App	lied For
21		26				59-3550617	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27	27			U. Germono of Change Besides	Fee Rec	uired
City & Stat	e	City & State				6. Election Campaign Financing -	\$5.00	vlay Be
23		28	28			Trust Fund Contribution Added to Fees		
Zip	Country Zip Co			ry	2. The depointed the date of the state of th			
24	25 29 30					Personal Property Tax.	☐ Yes	□No
Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent	
		,	8	1 Name				
IGLESIAS, DARDO RAUL				2 Street A	Address	s (P.O. Box Number is Not Acceptable)		
925 COWART ROAD						·		
PLANT CITY FL 33567				13				
				4 City			85 Zip C	ode
·						FL	•	
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was	authorized I	by the corpo	corpora pration's	ation submits this statement for the purpose of s board of directors, I hereby accept the appoi	ntment as reg	istered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered A					equired wh			
12.	OFFICERS AND DIRECTORS 13		13.	13. ADDITIONS/CHAN		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	
TITLE	PST	☐ DELETE	1.1 TITL	1.1 TITLE			☐ Change	Addition
NAME	IGLESIAS, DARDO RAUL		1.2 NAM	E				ļ
STREET ADDRESS	925 COWART ROAD 1.3		1.3 STR	ET ADDRESS				
CITY-ST-ZIP	171.127.22		14 CITY	-ST-ZIP		<u></u>		
TITLE			2.1 TITL				☐ Change	☐ Addition
NAME			2.2 NAM	Ε				
STREET ADDRESS			2.3 STR	ET ADDRESS				
CITY-ST-ZIP	1		2, 4 CIT	r-ST-ZiP				
TITLE			3.1 TITL				☐ Change	Addition
NAME			3.2 NAW	E	1		•	
STREET ADDRESS		3.3		EET ADDRESS				
				r-ST-ZIP				
TITLE		☐ DELETE	4.1 TITL				☐ Change	☐ Addition
i .		<u></u>	4. 2 NAM			-		
NAME				EET ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP		☐ DELETE	4.4 CITY 5.1 TITL	-ST-ZIP			Change	Addition
TITLE			5.1 IIIL	f				
NAME				FET ADORESS		·		
	•		■ J.J J IR		I .			

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 on the receiver or trusteel 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 pri an attachment with an address with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: >

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90052 013 ***150.00

Addition