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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN -5 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S31026 (5)

1. Corporation Name
NIEBEL FARMS, INC.

Principal Place of Business	Mailing Address
~~12347 STATE RD. 7~~ 12347 State Rd 7 ~~BOYNTON BEACH FL 33446~~ ~~US~~	P.O. BOX 370 LOXAHATCHEE FL 33470 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ~~12347 STATE RD. 7~~ 12347 State Rd 7 22 Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 1358 27 Suite, Apt. #, etc.
23 City & State ~~Boynton Bch FL~~ Boynton Bch FL	28 City & State Alachua, Fl
24 Zip 33446 25 Country USA	29 Zip 32616 30 Country USA

3. Date Incorporated or Qualified: 02/08/1991

4. FEI Number: 65-0242837 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NIEBEL, RONNA ~~12347 STATE RD. 7~~ ~~BOYNTON BCH. FL 33437~~	81 Name: Ronna Niebel 82 Street Address (P.O. Box Number is Not Acceptable): PO BOX 370 1515 NW 218th St 83: Alachua 32616 84 City: Loxahatchee FL 85 Zip Code: ~~33470~~

11. 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: Ronna Niebel 4/30/98
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	NIEBEL, RONNA		1.2 NAME	Ronna Niebel	
STREET ADDRESS	12347 STATE RD. 7		1.3 STREET ADDRESS	1515 NW 218th St	
CITY-ST-ZIP	BOYNTON BCH. FL 33437		1.4 CITY-ST-ZIP	Alachua, Fl 32616	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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****150.00 ****150.00

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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.

Ronna Niebel Ronna Niebel Pres 4/30/98 561-795-5991