

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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90006 007 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S57976

1. Corporation Name  
S & J FARMS, INC.

Principal Place of Business

8585 HOLMBERG RD  
PARKLAND FL 33067

Mailing Address

8585 HOLMBERG RD  
PARKLAND FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1991

4. FEI Number

65-0281090

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 the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1825 SHADY LANE DR.

Suite, Apt. #, etc.

22

City & State

23 LAKE WALES

Zip Country

24 FL 25 33853

2a. Mailing Address

26 1825 SHADY LN DR

Suite, Apt. #, etc.

27

City & State

28 LAKE WALES, FL

Zip Country

29 33853 30 USA

9. Name and Address of Current Registered Agent

BEATY, D.S.  
10000 TROTTERS LN  
PARKLAND FL 33067

10. Name and Address of New Registered Agent

81 Name

BEATY, D.S.

82 Street Address (P.O. Box Number is Not Acceptable)

83 1825 SHADY LANE DRIVE

84 City

LAKE WALES

FL

85 Zip Code

33853

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature, typed or printed name of registered agent and title if applicable

(NOT Registered Agent signature required when reinstating)

04-22-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
STREET ADDRESS BEATY, D.S.  
CITY-ST-ZIP 10000 TROTTERS LN  
PARKLAND FL 33067

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME  
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-99

Date

941-692-2201

Daytime Phone #

CR2E034 (1/98)