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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Sandra B. Mortham

	Secretary of State 997 DIVISION OF CORPORA			DNS	Secretary of State			
DOCUI	MENT # S'	71707	(1)					
• •	N FAMILY FARM	IS, INC.	• •			() ()		
						C DE BOOR DE LE BORRE RADIO MORA REGIO ADMI	ANTH BIBIT BIBIT BEBIT BIBIT	(A 410 11 (B 4)
	1							
Principal Place			Mailing Address			T im Eriate tif tilbat ermit sautt Mutit fame i	Timit bikil minit Zibil nibil	y bidir iddi
COUNTY ROAD 225 GRAHAM FL 32042			P.O. BOX 85 Graham Fl 32042-0085 US					
	٦					 Date Incorporated or Qualified 07/20/1991 	3a. Date of Last 01/06/1997	Report
1	lace of Business	<u>-</u>	2a. Malling Address			4. FEI Number	 -	Applied For
Suite, Apt	# etc		Suite, Apt. #, etc			59-3075282	- ¢9.75	Not Applicable Additional
22	n, e.c	27	,, , , , , , , , , , , , , , , , , , ,			5. Certificate of Status Desired	1 1	Required
City & State	6		ty & State			6. Election Campaign Financing	\$5.0	May Be
23		28				Trust Fund Contribution		d to Fees
Zip	Cour	· —	· •	Country		B. This corporation has liability for	intangible tax under Yes No	s. 199.032,
24	25 Name and Add	29 ress of Current Register		30		Florida Statutes L. 10. Name and Address of New Re		
HART	TLEIN, JERRY L			81	Name		1, 1	
	NTY RD 225			82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
GRAI	HAM FL 32042			<u> </u>				
				83		•		
				84	City		FL 85 Zip	p Code
11 Pursuant	to the provisions of Se	ection 607,0502 and 607.	1508, Florida Statute	s, the above	e-named cor	poration submits this statement for the	ourpose of changing	its registered
office or r	registered agent, or bo	oth, in the State of Florida Cept the obligations of S	Such change was a ection 607 0505. Flor	uthorized by	the corpora	poration submits this statement for the tition's board of directors. I hereby acce	of the appointment a	as registered
SIGNATURE	Jong L.	atter J	CARY HARTA	Ein 1	Reside	A 41	28/97	
	Stimatate typed or printed				nl signature requ	ired when reinstating)	DATE	200 (1) 40
12 , 101.6	P	OFFICERS AND DIRECTO	DELETE	13.		ADDITIONS/CHANGES TO OFFI	Change	
NAME	HARTLEIN, JERRY	'L		1.2 NAME			1 2	
STREET ADDRESS	COUNTY ROAD 2			1.3 STREE1	ADDRESS			
City - ST-ZIP	GRAHAM FL			1.4 CITY-9	T-ZIP		1 4	
THUE			☐ DELETE	2.1 TITLE			Change	e 🔲 Addition
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET]			
CHY-SL-ZIP TITLE			DEFELE	2.4 CITY -: 3.1 TITLE	51 - 23		☐ Change	e 🔲 Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
City - St - ZiP				3.4. CITY-	ST-ZIP		TIO	4.430
TiTLE	ļ		DELETE	4.1 TITLE	}		Change	e L Addition
NAME STREET ADDRESS				4, 2 NAME 4,3 Street	ADDRESS			i
City - St - ZiP	:			4.4 CITY-5				
THUE			DELETE	5.1 TITLE			Change	e Addition
NAME				5.2 NAME	1			
STREET AUDRESS				5.3 STREET	1			
CHY-ST-74*			DELETE	5.4 CITY-5 61 TITLE	ST-ZIP		Change	e Addition
TITLE NAME)		□ b£frif	62 NAME			first country	, naulivii
STREET ADORESS					ADDRESS			
CH v ST ZIP				6.4 CITY-	ST-ZIP			
14. I do here	by certify that the info	rmation supplied with this	filing does not qualify	y for the exe	emption state	id in Section 119.07(3)(i), Florida Statute at my signature shall have the same legon ort as required by Chapter 607, Florida	s. I further certify th	at the
am an o appears	officer or director of the Black 12 or Black 1	e corporation or the received than ged, or on an atta	er or trustee empowers an add	ered to exec ress.	oute this repo	ort as required by Chapter 607, Florida	Statutes; and that my	y name