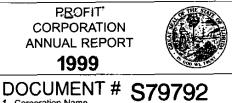
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT\* CORPORATION ANNUAL REPORT

1999

BARFIELD FARMS, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90206 013 \*\*\*150.00

Principal Place of Business Mailing Address		3							
1212 N. 15TH ST IMMOKALEE FL 34142 US		P.O. BOX 3265 IMMOKALEE FL 34143			DO NOT WRITE IN THI	s spac	Ē		
us						3. Date Incorporated or Qualifed 09/12/1991			
2. Principal Place of Business 2a. Mailing		2a. Mailing Addr	ing Address		_	4. FEI Number		Applied For	
21		26			l	65-0285215		Not Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27		etc.			5. Certifcate of Status Desired		<b>75</b> Additional ee Required	
City & State City & State					6. Election Campaign Financing		\$5.00 May Be		
23		28				Trust Fund Contribution		ided to Fees	
Zip	Country	Zip Country			8. This corporation owes the current year Intangible				
24	25	29	30			Personal Property Tax.	☐ Ye	s 🗆 No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
				81	Name				
BARFIELD, JAMES E CROSS RD		82	Street Addres	ess (P.O. Box Number is Not Acceptable)					
IMM(	OKALEE FL 34142			83					
				1	City	F		Zip Code	
office or r	to the provisions of Sections 607 egistered agent, or both, in the S	itate of Florida. Such chan	ge was authorized	by tr	-named corpor he corporation	ration submits this statement for the purpose of submits this statement for the purpose of submits accept the approximation of the submits accept	of changi pintment	ng its registered as registered	

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition ☐ Change DELETE 1.1 TITLE TITLE BARFIELD, JAMES FRED 12 NAME NAME **HIGHWAY 29 NORTH** 13 STREET ADDRESS STREET ADDRESS **IMMOKALEE FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition PN DELETE 2.1 TITLE TITLE BARFIELD, JAMES E. 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS **CROSS ROAD IMMOKALEE FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE NAME BARFIELD, THOMAS W. 3.2 NAME 560 FOX CREEK DR 3.3 STREET ADDRESS STREET ADDRESS LEHIGH FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 4.1 TITLE STD TITLE 4. 2 NAME BARFIELD, MARY ALICE NAME HIGHWAY 29 NORTH 4.3 STREET ADDRESS STREET ADDRESS IMMOKALEE FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 6.1 TITLE ☐ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 or Block 13 ft changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR

941 6578365

CR2E034 (11/98