

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

FILED
Jun 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 583148
1. Corporation Name:
LAUREL HILL FARMS INC.

Principal Place of Business:
P.O. Box 98
Laurel Hill, FL
32507-0098

Mailing Address:
P.O. Box 98
Laurel Hill, FL
32507-0098

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address:

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

09/25/1991

4. FEI Number

59-3096331

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

Charles Powell
1600 Windy Hill Road
Laurel Hill, Florida
32507

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 provisions of Section 607.0605, Florida Statutes.

SIGNATURE

Signature of the person submitting this statement for filing (see Block 12)

(NOTE: If signed by Agent, signature required at filing office)

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	Charles Rowen	
STREET ADDRESS	P.O. Box 98, N/A	
CITY, ST, ZIP	LAUREL HILL, Florida 32507	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change	Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE	Change	Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE	Change	Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE	Change	Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE	Change	Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		Addition
62 NAME		
63 STREET ADDRESS		
64 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)(c), Florida Statutes. I further certify that the information indicated on this statement is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change of officers or directors with an address.

SIGNATURE: Charles Rowen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/98 800-554-2076
Date Day and Month

CR2E034 (10/97)