

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V14958** (5)
1. Corporation Name
FRIENDLY FARMS, INC.

Principal Place of Business
**11007 N. 56TH STREET
SUITE 209
TEMPLE TERRACE FL 33679-8444
US**

Mailing Address
**P.O. BOX 18444
TAMPA FL 33679**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13902 N. DALE MARY Suite, Apt. #, etc. 22 SUITE 260 City & State 23 TAMPA FL Zip 24 33618		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA		3. Date Incorporated or Qualified 02/18/1992	
		4. FEI Number 59-3114564		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**GILL, MARVIN D.
11007 N. 56TH ST. 13902 N. DALE MARY
SUITE 209 SUITE 260
TEMPLE TERRACE FL 33617 TAMPA FL 33618**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

Signature, typed or printed 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	NAME	1.1 TITLE	1.1 NAME
<input type="checkbox"/> DELETE	D GILL, MARVIN D. 11007 N. 56TH STREET, 209 13902 N. DALE MARY TEMPLE TERRACE FL TAMPA FL 33618	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		2.1 TITLE	2.1 NAME
<input type="checkbox"/> DELETE		2.2 STREET ADDRESS	2.2 NAME
<input type="checkbox"/> DELETE		2.3 CITY - ST - ZIP	2.3 STREET ADDRESS
<input type="checkbox"/> DELETE		2.4 CITY - ST - ZIP	2.4 NAME
<input type="checkbox"/> DELETE		3.1 TITLE	3.1 NAME
<input type="checkbox"/> DELETE		3.2 STREET ADDRESS	3.2 NAME
<input type="checkbox"/> DELETE		3.3 CITY - ST - ZIP	3.3 STREET ADDRESS
<input type="checkbox"/> DELETE		3.4 CITY - ST - ZIP	3.4 NAME
<input type="checkbox"/> DELETE		4.1 TITLE	4.1 NAME
<input type="checkbox"/> DELETE		4.2 STREET ADDRESS	4.2 NAME
<input type="checkbox"/> DELETE		4.3 CITY - ST - ZIP	4.3 STREET ADDRESS
<input type="checkbox"/> DELETE		4.4 CITY - ST - ZIP	4.4 NAME
<input type="checkbox"/> DELETE		5.1 TITLE	5.1 NAME
<input type="checkbox"/> DELETE		5.2 STREET ADDRESS	5.2 NAME
<input type="checkbox"/> DELETE		5.3 CITY - ST - ZIP	5.3 STREET ADDRESS
<input type="checkbox"/> DELETE		5.4 CITY - ST - ZIP	5.4 NAME
<input type="checkbox"/> DELETE		6.1 TITLE	6.1 NAME
<input type="checkbox"/> DELETE		6.2 STREET ADDRESS	6.2 NAME
<input type="checkbox"/> DELETE		6.3 CITY - ST - ZIP	6.3 STREET ADDRESS
<input type="checkbox"/> DELETE		6.4 CITY - ST - ZIP	6.4 NAME

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.

SIGNATURE: **Marvin D. Gill** - Marvin D. Gill, Pres 4-20-98 (813) 908-5009

32E034 (10/97)