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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

1999 **DOCUMENT # V20435** 

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90249 024 \*\*\*150.00

1. Corporation Name  HALF SHELL FARMS, INC.  ST P.	ind Back 1	PROD	INC	vs,					
Principal Place of Business	Mailing Address							018H 018H 119H 0	1611 <b>919</b> 11 1931
1260 PLUM AVENUE MERRITT ISLAND FL 32952	1260 PLUM AVENUE MERRITT ISLAND FL 32952	. •					<del>-</del>		
					3. Date Incorpor	DO NOT WR		SPACE	<del></del>
					03/03/199				
2. Principal Place of Business	2a. Mailing Address			Ī	4. FEI Number				plied For
21	26				<u>59-311918</u>	32			t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		_		5. Certifcate of S	Status Desired		\$8.75 A	
City & State	City & State	=			6. Election Cam Trust Fund Co		' <sub>□</sub>	\$5.00 Added t	, 1
Zip Country	Zip	Cour	ntry		8. This corporati		rrent vear In		O i ees
— ' —— ·	L '	30	,		Personal Pro		non year m	Yes	□No
24 25 9. Name and Address of Current		30			10. Name and A		Registered	Agent	·
			81 Name						
HORSCH, LOUISE M 1260 PLUM AVENUE MERRITT ISLAND FL 32952		ŀ	82 Street A	Addres	s (P.O. Box Numb	er is Not Accep	table)	<del></del>	
		-	83		<u> </u>	<del></del>			- :
		}	84 City			<del></del>	Fl	85 Zip (	Code
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligations SIGNATURE	t Florida. Such change was au	utnorizea.	by the corpo	corporation'	ation submits this : 's board of director	statement for the	e purpose o	f changing its intment as re	registered gistered
Signature, typed or printed name of registered agent	and title if applicable. (NOTE.	Registered /	Agent signature re				DATE		·
12. OFFICERS AND		13.		AIC	ADDITIONS/C	HANGES TO O	FFICERS A	ND DIRECTO Change	RS IN 12
TITLE PVTS	☐ DELETE	1,1 TIT	LE	PK.	ESIDENT	2010E	w		
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CITY-ST-ZIP MERRITI IOLANU FL 32902			REET ADDRESS	12	60 PLU	M HV	IENUE	329	152-
<u> </u>	□ DELETE	1,4 CIT		12 12	RSCH, 60 PLU ERRITT	15LAN	JD, FL		) □ Addition
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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, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR