

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90120 038 ***158.75

DOCUMENT # H17273

1. Entity Name

MID-FLORIDA FARMS INC.

Principal Place of Business

Mailing Address

% JOHN MICHAEL TRAYNOR, ESQ.
 28 CORDOVA ST
 ST AUGUSTINE FL 32084

% JOHN MICHAEL TRAYNOR, ESQ.
 28 CORDOVA ST
 ST AUGUSTINE FL 32084-3627



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2437125

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRAYNOR, JOHN MICHAEL, ESQ.
28 CORDOVA STREET
ST AUGUSTINE FL 32084

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP	SARTORI, JAMES		
3100 N RIVERSIDE DRIVE	3100 N RIVERSIDE DRIVE		
INIALANTIC FL	INIALANTIC FL		
T	HUFF, WILLIAM C		
6990 SARTORI AVENUE	6990 SARTORI AVENUE		
PALM BAY FL	PALM BAY FL		
DS	PETERSON, VERGIE		
P.O. BOX 66 N/A	P.O. BOX 66 N/A		
OSFORD WI	OSFORD WI		
VP	GARRETT, EUGENE T.		
6990 SARTORI AVE	6990 SARTORI AVE		
PALM BAY FL	PALM BAY FL		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William C. Huff William C. Huff 1-17-00 (407) 768-2697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #