

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

**FILED**  
**Jun 29, 1999 8:00 am**  
**Secretary of State**

06-29-1999 90001 049 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **H76739**  
 1. Corporation Name  
**Shadowood Farms, Inc.**

Principal Place of Business Mailing Address  
**6220 S.W. Martin Hwy** **SAME**  
**Palm City, FL 34990-5401**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified  
**9/19/1985**  
 4. FEI Number Applied For  
**59-2642582** 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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**Fenton, Sarah W.**  
**6220 S.W. Martin Hwy.**  
**Palm City, FL 34990-5401**

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 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	FENTON, ROBERT A.	1.2 NAME	
STREET ADDRESS	6220 S.W. MARTIN HWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY, FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	FENTON, SARAH W.	2.2 NAME	
STREET ADDRESS	6220 S.W. MARTIN HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY, FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 trustee 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 in an attachment with an address, with all other like empowered.

SIGNATURE:  **SARAH W. FENTON** **6/17/99** **561-283-4377**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Native Plants & Trees  
Perennial Salvias  
Wildflowers & Foliage  
Design & Installation



580512-90001-49

Concrete & Clay Pottery  
Garden Accessories & Gifts  
Arboriculture  
Horticultural Consulting

**RE: 1999 Annual Corporate Report**

Florida Department of State  
Division of Corporations

June 17, 1999

Please note that we did **not** receive our pre-printed Corporate Report Form this year and assume that it was lost in the mail. Thinking that the form and fee were not due until July 1, I called your office on June 7th (see enclosed sheet) to request the form. I was told that the late filing fee would be ignored if I provided you with this letter explaining the tardiness of our filing.

Should you have any questions regarding this matter, I can be contacted at the numbers listed below.

Sincerely,

Sarah W. Fenton

6220 S.W. Martin Highway (714) Palm City, Florida 34990-5401  
**Phone:** (561) 283-4375 **Fax:** (561) 283-4983 **Toll Free:** 1-800-881-4375

H 76739  
580512-90001-49

SARA FINTON'  
SHADOW WOOD FARM INC  
6220 SW MARTIN HWY  
PALM CITY, FL 34990-5410

Request taken by: yfisher  
06-07-1999

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314