

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

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT #**  
 1. Corporation Name  
 SYCAMORE FARMS INC. m90571

Principal Place of Business Mailing Address

**NEW ADDRESS** → 39 CABINETMAKER LANE  
 CLEVELAND, GA 30528

2. Principal Place of Business 2a. Mailing Address

21 State, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country 30

3. Date Incorporated or Qualified 7-21-88 3a. Date of Last Report 1996

4. FEI Number 65-0066717 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

RON KINZIE  
 19800 S.W. 180 AVE. #46  
 MIAMI, FL 33187

**10. Name and Address of New Registered Agent**

81 Name Lesley E. Bowen  
 82 Street Address (P.O. Box Number is Not Acceptable) 48 NE 15 STREET  
 83  
 84 City Homestead FL 85 Zip Code 33030

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: *Lesley E. Bowen* Lesley E. Bowen DATE: 5/12/97

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

**12. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY ST ZIP

~~1. PRESIDENT SCOTT R. KINZIE 39 CABINETMAKER LANE CLEVELAND, GA 30528~~

2. RONALD C. KINZIE 19800 S.W. 180 AVE. #46 MIAMI, FL 33187

3.  DELETE

4.  DELETE

5.  DELETE

6.  DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE PRES., VP, TRS., SEC.  Change  Addition

1.2 NAME SCOTT R. KINZIE

1.3 STREET ADDRESS 39 CABINETMAKER LANE

1.4 CITY-ST-ZIP CLEVELAND, GA 30528

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME 600002193386

6.3 STREET ADDRESS -05/28/97--01062--029

6.4 CITY-ST-ZIP \*\*\*165.00

*RW 5-15-97*

14. I 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 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: *Scott R. Kinzie* PRES. Date: 25 MAR 97 Daytime Phone #: 706-865-9999

*BY AFFIRMING*

CR2E034 (9/96)