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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

333495

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DOCUMENT #

SHADOWLAWN FARMS, INCORPORATED Principal Place of Business Mailing Address 225 WATER ST P O BOX 299								
STE 2175		JACKSONVILLE FL US	32201-0299					
U\$	LLE FL 32202	03			3. Date Incorporated or Qualified 08/07/1968	3a. Date	of Last Re 33/07/19	995
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number	_1		Applied For
1		26			59-1271034			Not Applicable
Suite, Apt. #,	elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country	Zip	Country	·— · · · · · · · · · · · · ·	8. This corporation has liability for i	intangible tax		
4	25	29	30	,		I No		
J	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	Registered A	gent	
			81	Name				
	C. Myers, III		82	Street Ad	dress (P.O. Box Number is Not Acceptable	ole)		
	ATER ST			<u> </u>				
STE 21			83	3				
JACKS	ONVILLE FL 32202		84	City		· · · · · · · · · · · · · · · · · · ·	85 Zq	Code
				1		<u>FL</u>		
familiar with SIGNATURE	, and accept the obligations of, Secti	da. Such change was author ion 607.0505, Florida Statute	ized by the com s.	poration's bo	oration submits this statement for the pur vard of directors. I hereby accept the app	iointment as i	registered	agent. I am
		management of the state of the	and the same		The state of	F1.134		
	gruture, typed or printed nanie of registered agent. OFFICERS ANI		·	ા ક્લુમ્લ અભાગ	ned where worstangs	DATE ICERS AND	DIRECTO	RS IN 12
12.	GEFICERS ANI		10% fiegstered Age 13.		ned what reinstatings ADDITIONS/CHANGES TO OF I	ICERS AND	DIRECTO] Change	RS IN 12
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certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made unde cath; 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: JOURNALL Leah B. Grebsy

SIGNATURE and Typed or Printip Name or Signing Officer on Director

This Chapter Florida

Chapter Flor