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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 402525

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## VALLEY SAUCHIP MILL, INC

| Married   Marr   | <br>einal Place of F                  | Business                            | Mailing Address                      |   |                    | 1984    018   08    1988  019   108   011  |                 |               |   |
|--|---------------------------------------|-------------------------------------|--------------------------------------|---|--------------------|--|-----------------|---------------|---|
| Substitution FL 32421  | · · · · · · · · · · · · · · · · · · · |                                     |                                      |   |                    |  |                 |               |   |
| Section of National Places   Section   Secti   |                                       | 32424                               |                                      | <b>;</b>                                |                    |  |                 |               |   |
| Solit. Apid III cold    Substance   Solit Apid III cold   Substance   Substanc |                                       |                                     |                                      |   |                    | · ·  |                 |               | ort   |
| Sation April 4, etc.    Sation April 4, etc.  | 'moipal Place                         | of Business                         | 2a. Mailing Address                  | */************************************* |                    |  | <u> </u>        | Applie        | ∍d For  |
| Country   Country   Country   Country   Country   S. Confidence of Status Desired   Fee Required   Fee Required   S. Confidence of Status Desired   S. Country   S. Country   S. This corporation has beliefly fortunated by two   No. 199 032   Fee Required   S. Country   S. This corporation has beliefly fortunated by two   No. 199 032   Fee Required   S. Country   S. This corporation has beliefly fortunated by two   No. 199 032   Fee Required   S. Country   S. This corporation has beliefly from the facility of the Status   S. Country   S. This corporation has been beliefly from the facility of the Status   S. Country   S.    |                                       |                                     |                                      |   |                    | 59-1488123   |                 | + <del></del> |   |
| Country 7/9 Country 8 State 1 Country 8 State 20 Country 8 State 20 Country 9 Country  | ute, Apt.≇, et                        | lā                                  | ···-¬ ' '                            |   |                    | 5. Certificate of Status Desired   | □ \$            |               |   |
| Trust Fund Contribution  | tv & Spric                            |                                     |                                      |   |                    | C Staation Companies Singapine   |                 | <u>.</u>      |   |
| Country 29 So Country 10 So Enter Country 29 So So Prioride Statutes 10 So I No.   10. Name and Address of New Registered Agent   10. Name and Address of New Register | .,                                    |                                     |                                      |   |                    | , , ,  |                 |               |   |
| SHULER, GARY H.  HWY.71 NORTH ALTHA FL 32421  83   Street Address (P.O. Box Number is Not Acceptable)  84   City   FL   85   Zip Code  Flucture registred agent or both in the State of Exists. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registere  95   FL   85   Zip Code  196   City   FL   85   Zip Code  197   FL   85   Zip Code  198   City   FL   85   Zip Code  198   City   FL   85   Zip Code  198   City   FL   85   Zip Code  199    | <br>I                                 | Country                             |                                      | Z <sub>(p)</sub> Country                |                    | 8. This corporation has liability for it   | <del></del>     |               |   |
| SHULER, GARY H. HWY,71 NORTH ALTHA FL 32421  B3  B4 City FL B5 Zip Code B5 Super Address (P.O. Box Number is Not Acceptable)  B5 Size Address (P.O. Box Number is Not Acceptable)  B5 Size Address (P.O. Box Number is Not Acceptable)  B5 Size Address (P.O. Box Number is Not Acceptable)  B5 Size Address (P.O. Box Number is Not Acceptable)  B5 Size Address (P.O. Box Number is Not Acceptable)  B5 Size Address (P.O. Box Number is Not Acceptable)  B5 Size Address (P.O. Box Number is Not Acceptable)  B5 Size Address (P.O. Box Number is Not Acceptable)  B5 Size Address (P.O. Box Number is Not Acceptable)  B5 Size Address (P.O. Box Number is Not Acceptable)  B5 Size Address (P.O. Box Number is Not Acceptable)  B5 Size Address (P.O. Box Number is Not Acceptable)  B5 Size Address (P.O. Box Number is Not Acceptable)  B6 Size Address (P.O. Box Number is Not Acceptable)  B6 Size Address (P.O. Box Number is Not Acceptable)  B6 Size Address (P.O. Box Number is Not Acceptable)  B6 Size Address (P.O. Box Number is Not Acceptable)  B7 Size Addr |                                       | [25]                                | 29                                   |   |                    | Florida Statutes Yes   |                 |               |   |
| STOLER, WATTER ALTHA FL 32421  82  Street Address (P.O. Box Number is Not Acceptable)  83  84  85  86  86  87  88  88  88  88  88  88  88  |                                       |                                     | rrent Registered Agent               |   | T ::               | 10. Name and Address of New Reg  | istered Age     | nt            |   |
| ALTHA FL 32421  83  84  City  FL 85  Zip Code  Business to the recipied code of Social in 667 (MA2 and 607 1508 Florida Statutes, the above named corporation submite this statement for the purpose of changing its register of sortine with another with, and accept the objections of Section 607 (MA2 and Accept the objection 607 (MA2 an |                                       |                                     |                                      | 81                                      | Name               |  |                 |               |   |
| BS   City   FL   BS   Zip Code   |                                       |                                     |                                      | 82                                      | Street Add         | lress (P.O. Box Number is Not Acceptab   | le)             |               | <del>, , , , , , , , , , , , , , , , , , , </del> |
| BA City FL BS Zip Code  Bester of agester of Sections 607 (400° ord 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere  registered agest or both, in the State of Evalue, Such change was submitted by the corporation's board of directors. I hereby accept the exportment as registere  registered agest or both, in the State of Evalue, Such change was submitted by the corporation's board of directors. I hereby accept the exportment as registere  registered wide, and accept the obligations of, Section 607 65.65, Florida Statutes by the corporation's board of directors. I hereby accept the exportment as registere  registered wide, and accept the obligations of, Section 607 65.65, Florida Statutes was numbrately  part   12  | ALTHA F                               | FL 32421                            |                                      | 92                                      |                    |  |                 |               |   |
| USE TO THE PROPERTY OF THE PRO |                                       |                                     |                                      | 83                                      |                    |  |                 |               |   |
| INSURED LOTE OF THE PURPOSED OF SERVICE SERVICE AND DIFFERENCE OF PROPERTY Agent of DEVELOPMENT OF THE STATE OF PROPERTY OF THE PURPOSE OF Changing its register for the property of the purpose of changing its register for the control agent or both in the State of Prieffic Sund Handburg with the control of directors. I hereby accept the appointment as registere per I family the composition of the purpose of changing its registere for the control of the purpose of changing its registere for the control of the purpose of changing its registere for the control of the purpose of changing its registere for the purpose of change in the purpose of changing its registere for the purpose of change in the purpose of changes in the purpose of changes in the purpose of changing its registere for the purpose of changes in the purpose of c |                                       |                                     |                                      | 84                                      | City               |  | E1 8            | Zip Coc       | le  |
| Note or registered agend or both, in the State of Evrida, Such change was sulhorized by the corporation's board of directors. Phereby accept the appointment as registere per transfer with, and accept the obligations of, Section 607 (5005, Florida Statutes).    Correct C | ners are to the                       | . raminima at Carling of Chil       | 0602 and 607 1609 Florida Statu      | ites the above                          | n portion par      | poration submits this statement for the o  |                 | poing ite to  | oicloro   |
| ACCESS   A   | flice or regist                       | tered agent or both in the S        | late of Horida. Such change was      | authorized by                           | the corpora        | ition's board of directors. Thereby accep  | t the appointr  | nent as reg   | jistered  |
| OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    P  | gent Fam far                          | milliar with, and accept the of     | bligations of, Section 607.0505, Fl  | lorida Statute                          | <b>\$</b> .        |  |                 |               |   |
| ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   12   | ATURE                                 | . r. Nors centro dinable of teacher | a apert organic eit scools able (NO  | H: Hea stored Ap                        | ant signature requ | irec when minstating)  | DATE            |               |   |
| SHULER, GARY   |                                       |                                     |                                      |   |                    |  |                 | ECTORS II     | N 12  |
| HIGHWAY 71   | P                                     |                                     | ☐ DELETE                             | 1.1 Title                               | · · · · I          |  |                 | Change [      | Additio   |
| ALTHA FL V SHULER A.M.,JR SHUFF A.M.,JR HIGHWAY 12 ST ST ST ST SHULER,JAMES HIGHWAY 12 ST SHULER,JAMES | SH                                    | iuler, gary                         |                                      | 1.2 NAME                                |                    |  |                 |               |   |
| V  | augess HK                             | GHWAY 71                            |                                      | 1.3 \$18561                             | ADDRESS            |  |                 |               |   |
| SHULER A.M.,JR.  | .7(P AL                               | THA FL                              |                                      | 1.4 CH1Y-5                              | ST - <b>Z</b> IP   |  |                 |               |   |
| HIGHWAY 12   | -                                     |                                     | ☐ DELETE                             | 2.1 TITLE                               |                    |  |                 | Change        | Additio   |
| BRISTOL FL   |                                       |                                     |                                      | 2.2 NAME                                |                    |  |                 |               |   |
| ST SHULER, JAMES HIGHWAY 12 BRISTOL FL  DELETE 41 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  DELETE 51 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP  DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP  DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP  DELETE 6.1 TITLE 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.3 STREET ADDRESS 7/IP 6.3 STREET ADDRESS 7/IP 6.3 STREET ADDRESS 7/IP 6.4 CITY-ST-ZIP 6.5 NAME 6.5 STREET ADDRESS 7/IP 6.5 NAME 6.6 STREET ADDRESS 7/IP 6.5 NAME 6.7 NAME 6.7 NAME 6.8 STREET ADDRESS 7/IP 6.5 NAME 6.8 STREET ADDRESS 7/IP 6.5 NAME 6.8 STREET ADDRESS 7/IP 6.5 NAME 6.6 STREET ADDRESS 7/IP 6.6 STREET ADDRESS 7/IP 6.6 STREET ADDRESS 7/IP 6.7 NAME 6.7 NAME 6.7 NAME 6.7 NAME 6.7 NAME 6.8 NAME 6 |                                       |                                     |                                      | 2.3 STREET                              | ADDRESS            |  |                 |               |   |
| SHULER, JAMES HIGHWAY 12 BRISTOL FL  DELETE A1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  DELETE 6.1 TITLF 6.2 NAME 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP  DELETE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP  DELETE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP  DELETE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.5 DELETE 6.5 STREET ADDRESS 6.5 STREET AD | 4                                     |                                     | T creex                              |   | ST-ZIF             | * .  |                 | . r           | <b>-</b>  |
| HIGHWAY 12 BRISTOL FL  DELETE  JOELETE  |                                       |                                     | ∟ DLUETE                             |   |                    |  | Ц               | Change L      | Additio   |
| BRISTOL FL 3.4. CITY-ST-ZIP    DELETE 4.1 TITLE  | l l                                   | -                                   |                                      |   |                    |  |                 |               |   |
| ADCHOS  ADCHOS | l on                                  |                                     |                                      |   |                    |  |                 |               |   |
| 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP  DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP  DELETE 6.1 TITLF 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP  DELETE 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP  DELETE 6.4 CITY - ST-ZIP  DELETE 6.5 STREET ADDRESS 6.5 STREET ADDRESS 6.6 CITY - ST-ZIP  DELETE 6.7 DELETE 6.8 STREET ADDRESS 6.9 CITY - ST-ZIP  DELETE 6.9 STREET ADDRESS 6.4 CITY - ST-ZIP  DELETE 6.5 STREET ADDRESS 6.5  | 710 <b>DN</b>                         | NOIOL FL                            | DELETE                               |   | ST-ZIP             | al a constant and a second and a |                 | Channa        | Additio   |
| ADCHES AD |                                       |                                     | ב סנכונ                              | •                                       |                    |  |                 | Change L      | T VROUID  |
| 44 CITY-ST-7IP  5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-7IP  DELETE 6.1 TITLF 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-7IP  DELETE 6.3 STREET ADDRESS 6.4 CITY-ST-7IP  DELETE 6.4 CITY-ST-7IP  DELETE 6.5 STREET ADDRESS 6.4 C | 0001000                               |                                     |                                      |   |                    |  |                 |               |   |
| DELETE 5.1 TITLE   |                                       |                                     |                                      | •                                       |                    |  |                 |               |   |
| ADDRESS 15-ZIP 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 15-ZIP 4.0 Change Additional Control of the  |                                       |                                     | DELETE                               |   | 51-ZIF             |  | П               | Channe        | Additio   |
| SOURCE STREET ADDRESS 5.4 City-St-Zip 5.4 City-St-Zip 6.1 TitLF 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 City-St-Zip 6.5 TitLF 6.6 NAME 6.5 NAME 6.6 STREET ADDRESS 6.5 City-St-Zip 6.5 City-S |                                       |                                     | 2.2                                  | 1                                       |                    |  |                 |               | _   |
| 5.4 CITY-ST-ZIP    DELETE   DELETE   Change   Abdited to the information supplied with this bling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this bling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the   | Africa (5%)                           |                                     |                                      | 1                                       | ADDRESS            |  |                 |               |   |
| DELETE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP do hereby certify that the information supplied with this Isling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the   |                                       |                                     |                                      |   |                    |  |                 |               |   |
| 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP do hereby certify that the information supplied with this bling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the   |                                       |                                     | DELETE                               |   |                    |  |                 | Change [      | Additio   |
| ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP  do 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   |                                       |                                     |                                      |   |                    |  |                 | _             |   |
| do 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   | ADDINESS                              |                                     |                                      |   | ADDRESS            |  |                 |               |   |
| do 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   |                                       |                                     |                                      |   |                    |  |                 |               |   |
|  | Ldo hereby ce                         | oldy that the information sup-      | plied with this filing does not qual | lify for the exe                        | mption state       | d in Section 119.07(3)(i), Florida Statutes  | . I further cer | tify that the |   |

SIGNATURE:

Mary on Fund NAM OF SIGNING OFFICER OF DIRECTOR

3 18 97

904-674-5838

**FILED** 

Mar 25 1997 8:00am

Secretary of State