SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **411438** **(5)**

1. Corporation Name
S & S GREENWOOD FARMS, INC.

Principal Place of Business	Mailing Address
ROUTE 1,BOX 157-B CHIPLEY FL 32428	ROUTE 1,BOX 157-B CHIPLEY FL 32428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/25/1972
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 1135 Orange Hill Rd
22: Suite, Apt. #, etc.
23: City & State: Chipley FL
24: Zip: 32428 25: County

2a. Mailing Address
26: 1135 Orange Hill Rd
27: Suite, Apt. #, etc.
28: City & State: Chipley FL
29: Zip: 32428 30: County

4. FEI Number: 59-1440880 ☐ 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

SOLGER, M. DAVID
RT. 1, BOX 157-B
CHIPLEY,,FL 32428

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1135 Orange Hill Rd.
83
84 City: Chipley **FL** 85 Zip Code: 32428

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	SOLGER, DAVID M.	12 NAME	
STREET ADDRESS	RT. 1, BOX 157-B	13 STREET ADDRESS	1135 Orange Hill Rd.
CITY ST ZIP	CHIPLEY FL	14 CITY ST ZIP	Chipley FL 32428
TITLE	SDT	21 TITLE	☑ Change ☐ Addition
NAME	SOLGER, JUDITH W.	22 NAME	
STREET ADDRESS	RT. 1, BOX 157-B	23 STREET ADDRESS	1135 Orange Hill Road
CITY ST ZIP	CHIPLEY FL	24 CITY ST ZIP	Chipley FL 32428
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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: M. David Solger Judith W. Solger 6-7-95 904 6381276
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone #

0120500 FP