Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90107 024 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 411438**

1. Corporation Name

S & S G	REENWOOD FARMS, INC.									
Principal Place of Business Mailing Address							) <b>198</b> 1111 81881 11881 (1811 \$1084 1111	)) (@I( @I&-)		
1135 ORANGE HILL RD       1135 ORANGE HILL RD         CHIPLEY FL 32428       CHIPLEY FL 32428         US       US			RD				DO NOT WRIT	E IN THIS S	PACE	
							3. Date Incorporated or Qualifed 10/25/1972			
2. Principal Place of Business 2a. Mailing Address 26			s				4. FEI Number 59-1440880		- Not	plied For t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			:	5. Certifcate of Status Desired		<b>\$8.75</b> A Fee Re	
City & State		City & State			(	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip				Country			8. This corporation owes the curre Personal Property Tax.	nt year Intan	ngible Qes	□No
24	9. Name and Address of Current		100			1	0. Name and Address of New R	egistered A	gent	
					Name					
SOLGER, M. DAVID				82	Street Ad	ddress	(P.O. Box Number is Not Acceptal	ble)		
1135 ORANGE HILL RD										
CHIPLEY,,FL 32428				83						
				84	City			FL	85 Zip C	ode
44 Summer	to the provisions of Sections 607.0502	2 4 607 1508 Florida	Statutes the	ahawa	named co	ornorat	ion submits this statement for the i	numose of ch	hanging its	registered
office or r	egistered agent, or both, in the State of	of Florida. Such change	e was autnorize	ea by	tne corpora	ation's	board of directors. I hereby accept	t the appoint	ment as rec	jistered
-	m familiar with, and accept the obligat	ions of, Section 607.05	us, Florida Sia	wes	•		•			
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable.	(NOTE: Registere	d Ager	nt signature requ	uired whe		DATE		
12.	OFFICERS AN		13				ADDITIONS/CHANGES TO OFF			
TITLE				1.1 TITLE					Change	☐ Addition
NAME	OCCUENT, DATE III.			1.2 NAME						1
STREET ADDRESS				13 STREET ADDRESS						
CITY-ST-ZIP			1.4 CITY-ST-ZIP					Change	☐ Addition (	
TITLE	301			2.1 IIILE 2.2 NAME						
NAME.	1135 ORANGE HILL ROAD		ľ		TADDRESS					
STREET ADDRESS CITY-ST-ZIP				2. 4 CITY-ST-ZIP			* ***			
TITLE			3.1 TITLE					Change	☐ Addition	
NAME			321	NAME	Ì					, )
STREET ADDRESS			3.3	STREE	TADDRESS					/
CITY-ST-ZIP				CITY-5	ST-ZIP					Proj. A delision
TITLE		☐ DEL		ITTLE	1				☐ Change	Addition i
NAME				NAME						
STREET ADDRESS					TADORESS					
CITY-ST-ZIP		□ DEL		CITY-S TITLE	1- ZIP				Change	Addition
TITLE				NAME						
NAME OTDEST LODDESS					T ADDRESS		·			
STREET ADDRESS CITY-ST-ZIP				CITY-S						
OUT COLUMN	t									

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 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

DELETE

Change

Addition