

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 542514 (5)

1. Corporation Name
S.F.P., INC.



Principal Place of Business

RT. 1 BOX 5200
WILLISTON FL 32696

Mailing Address

RT. 1 BOX 5200
WILLISTON FL 32696

3. Date Incorporated or Qualified
08/08/1977

3a. Date of Last Report
08/09/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-1809301

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

10. Name and Address of New Registered Agent

WATTLEWORTH, JOSEPH A
RT 1 BOX 5200
WILLISTON FL 32696

81 Name
Wattleworth, Joseph A
82 Street Address (P.O. Box Number is Not Acceptable)
19751 N.E. 87 Lane
83
84 City
Williston FL 85 Zip Code
32696

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETED |
|-------|-----------------------|----------------|--------------------|-------------------------------------|
| SDV | WATTLEWORTH, GLINDA M | RT. 1 BOX 5200 | WILLISTON FL | <input checked="" type="checkbox"/> |
| PD | WATTLEWORTH, JOSEPH A | RT. 1 BOX 5200 | WILLISTON FL 32696 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY - ST - ZIP | Change | Addition |
|----------|-----------------------|-------------------|---------------------|--------------------------|--------------------------|
| PD | WATTLEWORTH, JOSEPH A | RT 1, BOX 5200 | WILLISTON, FL 32696 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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)(k), 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:

Joseph A. Wattleworth

Joseph A. Wattleworth

2/13/96

352-528-3032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)