

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **623499** (1)

1. Corporation Name
SUNNY HILL FARMS, INC.

Principal Place of Business Mailing Address
**205 OAK GROVE ST.
ORMOND BEACH FL 32176** **205 OAK GROVE ST.
ORMOND BEACH FL 32176**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/30/1979** 3a. Date of Last Report **02/10/1994**
4. FEI Number **59-2023624** 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

2. Principal Place of Business 2a. Mailing Address
21 **207 Atkins Rd** 26 **Po Box 327**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Georgetown FLA** 28 **Georgetown, FLA**
Zip Country Zip Country
24 **32139** 25 **Putnam** 29 **32139** 30 **Putnam**

9. Name and Address of Current Registered Agent
**ATKINS, WYMAN
205 OAK GROVE ST.
ORMOND BEACH FL 32074**

10. Name and Address of New Registered Agent
01 Name **Atkins, Wyman**
02 Street Address (P.O. Box Number is Not Acceptable) **207 Atkins Rd**
03
04 City **Georgetown** FL 85 Zip Code **32139**

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 fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	ATKINS, WYMAN B.
STREET ADDRESS	205 OAK GROVE STREET
CITY, ST, ZIP	ORMOND BEACH FL
TITLE	S
NAME	ATKINS, ROSA L.
STREET ADDRESS	205 OAK GROVE STREET
CITY, ST, ZIP	ORMOND BEACH FL
TITLE	V
NAME	ATKINS, WYMAN JR.
STREET ADDRESS	2400 PALM RIDGE RD.
CITY, ST, ZIP	SANIBEL FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	V/S
23. STREET ADDRESS	ATKINS, ROSA L.
24. CITY, ST, ZIP	207 Atkins Rd
	Georgetown, FLA 32139
31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	ATKINS, WYMAN JR
33. STREET ADDRESS	Resigned
34. CITY, ST, ZIP	
41. TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME	V AND
43. STREET ADDRESS	Price, MARTIN
44. CITY, ST, ZIP	329 POINCIANA Island DR
	Miami, FLA 33160
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

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)(b), 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4-26-95** **904-467-2138**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR