FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:19

DOCUMENT # **680209** **(4)**

1. Corporation Name
SILVER MOUNTAIN FARMS, INC.

Principal Place of Business	Mailing Address
% R. A. RILEY P.O. BOX 398 FROSTPROOF FL 33843	% R. A. RILEY P.O. BOX 398 FROSTPROOF FL 33843

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 07/22/1980
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2025700 ☐ 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

RILEY, R.A.
U.S. 27-A SOUTH
FROSTPROOF FL 33843

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MOREY, SARAH R	1.2 NAME	
STREET ADDRESS	1230 ALBERTA STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	RILEY, EUGENE S	2.2 NAME	
STREET ADDRESS	~~520 S. CORONADO DRIVE~~	2.3 STREET ADDRESS	435 W. Highland Ave
CITY-ST-ZIP	~~SIERRA VISTA AZ~~	2.4 CITY-ST-ZIP	Tracy, Calif 95376
TITLE	PTD	3.1 TITLE	☐ Change ☐ Addition
NAME	RILEY, R A	3.2 NAME	
STREET ADDRESS	1330 US 27-A SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	RILEY, R A JR	4.2 NAME	
STREET ADDRESS	500 BROAD ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEMSON SC	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	RILEY, VIOLA	5.2 NAME	
STREET ADDRESS	1330 US 27-A SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: R A Riley R A Riley 1/11/95 813 635 3287
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0440200 FP