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

3. Date Incorporated or Qualified: 07/22/1980
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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 manually signing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MOREY, SARAH R	12 NAME	
STREET ADDRESS	1230 ALBERTA STREET	13 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 00000	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	RILEY, EUGENE S	22 NAME	
STREET ADDRESS	~~520 S. CORONADO DRIVE~~	23 STREET ADDRESS	435 W. Highland Ave
CITY-ST-ZIP	~~SIERRA VISTA AZ~~	24 CITY-ST-ZIP	Tracy, Calif 95376
TITLE	PTD	31 TITLE	☐ Change ☐ Addition
NAME	RILEY, R A	32 NAME	
STREET ADDRESS	1330 US 27-A SOUTH	33 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF, FL 00000	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	RILEY, R A JR	42 NAME	
STREET ADDRESS	500 BROAD ST	43 STREET ADDRESS	
CITY-ST-ZIP	CLEMSON SC	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	RILEY, VIOLA	52 NAME	
STREET ADDRESS	1330 US 27-A SOUTH	53 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0440200 FP