

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 16 1998 8:00am
Secretary of State

DOCUMENT # 680209

(4)

1. Corporation Name

SILVER MOUNTAIN FARMS, INC.

Principal Place of Business

% R. A. RILEY
P.O. BOX 398
FROSTPROOF FL 33843

Mailing Address

% R. A. RILEY
P.O. BOX 398
FROSTPROOF FL 33843

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

07/22/1980

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

1-6-98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MOREY, SARAH R
STREET ADDRESS 1230 ALBERTA STREET
CITY-ST-ZIP LONGWOOD, FL 00000

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME RILEY, EUGENE S
STREET ADDRESS 495 W HIGHLAND AVE
CITY-ST-ZIP TRACY CA

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1013 Arnold Rd
2.4 CITY-ST-ZIP # Madison, Ala 35758

TITLE PTD ☐ DELETE
NAME RILEY, R A
STREET ADDRESS 1330 US 27-A SOUTH
CITY-ST-ZIP FROSTPROOF, FL 00000

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME RILEY, R A JR
STREET ADDRESS 500 BROAD ST
CITY-ST-ZIP CLEMSON SC

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 100 Broad St
4.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME RILEY, VIOLA
STREET ADDRESS 1330 US 27-A SOUTH
CITY-ST-ZIP FROSTPROOF FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

R. A. RILEY

1-6-98

CH2E034 (10/97)