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**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # 600000



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90192 025 \*\*\*150.00

1. Corporatio	n Name 000209	•					
SILVER	MOUNTAIN FARMS, INC.	•					
OIL TEIN		•			I REGINE CHICH EDINE COMO HIGH COMO INC.	HALL BIRLL BIRLL BIRLL A	<del>iii</del> daríii
,	A Commence of the Commence of						
Principal Plac		Mailing Address			T IMBITA BRIDI (DIVI OBVID ISDIŠ RDIVA IDVI O	DISTERNITOR STREET	
% R. A. RILEY,		% R. A. RILEY					
P.O. BOX 398		P.O. BOX 398			DO NOT WRITE IN	THE CDACE	•
FROSTPROOF FL 33843 FROSTPROOF FL 33843				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
					07/22/1980		
2 Deineinel D	Place of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
	nace of Business	26 .			- 59-2025700	· <del></del>	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			<u>_</u>	\$8.75 A	
22		27			5. Certifcate of Status Desired	, Fee Re	quired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip .	Country		8. This corporation owes the current year		_
24	25	1	30		Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent	100	T	10. Name and Address of New Registe	ered Agent	·
Dil E	Y, R.A.		81	Name			
110	27-A SOUTH # 1330		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		,
	STPROOF FL 33843		83				
I	MARK NOTE SOUTH		83				
	n de la		84	City		FL 85 Zip C	Code
44 0	to the providing of Spetiana 607 0502	and 607 1508 Florida Statute	e the ahow	e-named com/	pration submits this statement for the numor	se of changing its	registered
Office of I	registered agent or both in the State o	it Florida. Slich chande was au:	monzea ov	the corporatio	n's board of directors. I hereby accept the	appointment as req	gistered
agent. I a	m familiar with, and accept the obligation	ions of, Section 607.0505, Flore	da Statutes	<del>)</del> .			
SIGNATURE	Signature, broad or printed pame of registered agent				t when reinstating) DA	·	<del></del>
٠,	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: 6		nt signature required	when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		RS IN 12
SIGNATURE		and title if applicable. (NOTE: 6	Registered Ager				RS IN 12
SIGNATURE	OFFICERS AND	and title if applicable. (NOTE: F	Registered Ager			S AND DIRECTO	
SIGNATURE 12. TITLE	D MOREY, SARAH R	and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME			S AND DIRECTO	
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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 appear and address, with all other like empowered.

SIGNATURE: