

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 680209

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 the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

RILEY, R.A.
U.S. 27-A SOUTH #1330
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D RILEY, EUGENE S
STREET ADDRESS
1013 ARNOLD RD
CITY-ST-ZIP
MADISON AL 35758

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VD RILEY, R A JR
STREET ADDRESS
100 BROAD ST
CITY-ST-ZIP
CLEMSON SC

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
FROSTPROOF FL
STREET ADDRESS
FROSTPROOF FL
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99

941-635-3287

Date

Daytime Phone #

CR2E034 (1/98)