

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 683448 (5)

1. Corporation Name  
SBG FARMS, INC.



Principal Place of Business  
111 PONCE DE LEON AVE  
P.O. DRAWER 1207  
CLEWISTON FL 33440

Mailing Address  
111 PONCE DE LEON AVE  
P.O. DRAWER 1207  
CLEWISTON FL 33440

3. Date Incorporated or Qualified 09/08/1980	3a. Date of Last Report 04/21/1995
4. FEI Number 59-2034706	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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9. Name and Address of Current Registered Agent

MCCALLUM, JOHN T.  
111 PONCE DE LEON AVE.  
CLEWISTON FL 33440

10. Name and Address of New Registered Agent

81. Name COFFMAN, STEPHEN V.
82. Street Address (P.O. Box Number is Not Acceptable) 111 PONCE DE LEON AVE.
83.
84. City CLEWISTON
85. Zip Code FL 33440

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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	TERRILL, JAMES E
STREET ADDRESS	111 PONCE DE LEON AVE
CITY-ST-ZIP	CLEWISTON FL
TITLE	CAST
NAME	COFFMAN, STEPHEN V
STREET ADDRESS	111 PONCE DE LEON AVE
CITY-ST-ZIP	CLEWISTON FL
TITLE	PD
NAME	FAIRBANKS, J. NELSON
STREET ADDRESS	111 PONCE DE LEON AVE
CITY-ST-ZIP	CLEWISTON FL
TITLE	SD
NAME	BUKER, ROBERT H., JR.
STREET ADDRESS	111 PONCE DE LEON AVE
CITY-ST-ZIP	CLEWISTON FL
TITLE	V
NAME	WADE, JR., MALCOLM S.
STREET ADDRESS	111 PONCE DE LEON AVE
CITY-ST-ZIP	CLEWISTON FL
TITLE	TAS
NAME	MCCALLUM, JOHN
STREET ADDRESS	111 PONCE DE LEON AVE
CITY-ST-ZIP	CLEWISTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CAST
2.3 STREET ADDRESS	WINE, ELLEN H.
2.4 CITY-ST-ZIP	111 PONCE DE LEON AVE.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TAS
6.3 STREET ADDRESS	COFFMAN, STEPHEN V.
6.4 CITY-ST-ZIP	111 PONCE DE LEON AVE.
	CLEWISTON, FL

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen V. Coffman

4/29/96

Date

941-983-8121

Daytime Phone #

CR2E034 (12/95)