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

APPROVED AND FILED
95 MAY -1 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F35968 (9)

1. Corporation Name
SHILOH FARMS, INC.

Principal Place of Business	Mailing Address
% WILLIAM LEE STRICKLAND 1620 BAYSHORE DRIVE TERRA CEIA FL 34250 US	% WILLIAM LEE STRICKLAND PO BOX 294 TERRA CEIA FL 34250 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/15/1981
3a. Date of Last Report: 02/22/1994
2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2096831 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STRICKLAND, WILLIAM LEE
1620 BAYSHORE DRIVE
TERRA CEIA FL 34250

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	STRICKLAND, WILLIAM LEE	1.2 NAME	
STREET ADDRESS	1620 BAYSHORE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TERRA CEIA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, WILLIAM PATRICK	2.2 NAME	
STREET ADDRESS	7108 ELLENTON-GILLETTE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, ALICIA	3.2 NAME	
STREET ADDRESS	7108 ELLENTON-GILLETTE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO, FLORIDA 00000	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	STRICKLAND, VERA JO	4.2 NAME	
STREET ADDRESS	1620 BAYSHORE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TERRA CEIA, FL 00000	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: William Lee Strickland 4/20/95 813-722-1678
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0455612 FP