

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

FILED  
Jul 26, 1999 8:00 am  
Secretary of State

07-26-1999 90005 003 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F35968

1. Corporation Name  
SHILOH FARMS, INC.



Principal Place of Business  
% WILLIAM LEE STRICKLAND  
1620 BAYSHORE DRIVE  
TERRA CEIA FL 34250  
US

Mailing Address  
% 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

4. FEI Number  
59-2096831  
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

2. Principal Place of Business  
21 9521 - 30 Court East

2a. Mailing Address  
26 PO Box 294

Suite, Apt. #, etc.  
22 Parrish, FL

Suite, Apt. #, etc.  
27

City & State  
23 Parrish, FL

City & State  
28 Terra Ceia, FL

Zip  
24 34219

Country  
25 Manatee

Zip  
29 34250

Country  
30 US

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 *William Lee Strickland*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/22/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	STRICKLAND, WILLIAM LEE	1620 BAYSHORE DRIVE	TERRA CEIA, FL 00000	<input type="checkbox"/>
VP	KENNEDY, WILLIAM PATRICK	7108 ELLENTON-GILLETTE ROAD	PALMETTO FL	<input type="checkbox"/>
S	KENNEDY, ALICIA	7108 ELLENTON-GILLETTE ROAD	PALMETTO, FLORIDA 00000	<input type="checkbox"/>
T	STRICKLAND, VERA JO	1620 BAYSHORE DRIVE	TERRA CEIA, FL 00000	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	Strickland, William Lee	9521 - 30 Court East	Parrish, FL 34219	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME				<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
2.4 CITY-ST-ZIP				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME				<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
3.4 CITY-ST-ZIP				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	T	Strickland, Vera Jo	9521 - 30 Court East	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME				<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
4.4 CITY-ST-ZIP				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME				<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
5.4 CITY-ST-ZIP				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME				<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
6.4 CITY-ST-ZIP				<input type="checkbox"/>	<input type="checkbox"/>

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: *William Lee Strickland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/99 941-776-0660  
Date Daytime Phone #

CR2E034 (11/98)