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

PROFIT CORPORATION ANNUAL REPORT



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

1996

G25575 **DOCUMENT #**

(3)

1. Corporation Name CLAY HILL FEED, INC.

Principal Place of Business

Mailing Address



5095 STATE ROAD 218 MIDDLEBURG FL 32068				5096 STATE ROAD 218 MIDDLEBURG FL 32068											
								3.	Date Incorporated 02/25/1983		3a. Date of Last Report 05/01/1995				
2. Principal Place of Business				2a. Mailing Address				4.	FEI Number	· · · · · · · · · · · · · · · · · · ·		·- T	Applied F	or	
21	n			26					59-22723	B7	Not Applicable				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5.	Certificate of State	us Desired	\$8.75 Additional Fee Required				
City & State				City & State				6. 1	6. Election Campaign Financing \$5.00 May Re						
23				28				Trust Fund Contribution Added to Fees							
Zip		Country		Zip Country			This corporation has liability for intangible tax under s 199.032,								
24	25		29		30			Florida Statutes Yes No							
	9. Name and	d Address of Current	Registe	red Agent		Ţ		10.	Name and Addre	ess of New R	legistered A	gent			
						81	Name								
SMITH,	GLENDA L.					82	Street A	Address (F)	O. Box Number is	Not Acceptab	nle!		····		
1335 SOUTH 8TH STREET							Ollocia	1001633 (1	01 201 110 11201 10	1101 / 1000ptete	<i>1</i> 0,				
FERNAN	IDINA BEACH	I FL 32034				83									
						84						[[
						04	City				FL	85	Zip Code		
or registere familiar with SIGNATURE	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 pri	ned Fame of registered agent a					t signaturo re	quired when rein			DATE.				
12.		OFFICERS AND	DIRECT	ORS [] DELETE	13.		т		ADDITIONS/CHAN	IGES TO OFF	· ·				
	ENITH CI	EMPA I		[] DELETE		TITLE					L] Chang	je ∏ Add	lition :	
NAME	SMITH, GL					NAME									
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NAME	JOHNS, KAREN 5095 STATE RE 218					3 2 NAME 3 3. STREET ADDRESS									
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CITY-ST-ZIP															
	certify that the	information supplied w	ith this fil	ing is voluntarily fu		OITY-S Lidoes		lify for the e	exemption stated in	Section 119	07(3)(k). Flori	ida Sta	tutes. I furth	ner	
L codificthat			decrease.	ar aumolomoutal ac	armed sociosis	in 4		Surata and t	About my colorant was	ala all la a ca Ala a		G	- 14		

certify that the minorhation indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal enect as it made under oath; that I am an officer or director of the corporation or the receiver or truete 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.