


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

002131

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90160 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G25575					
1. Corporation Name CLAY HILL FEED, INC.					
Principal Place of Business 5095 STATE ROAD 218 MIDDLEBURG FL 32068			Mailing Address 5095 STATE ROAD 218 MIDDLEBURG FL 32068		
2. Principal Place of Business 21			2a. Mailing Address 26		
Suite, Apt. #, etc. 22			Suite, Apt. #, etc. 27		
City & State 23			City & State 28		
Zip 24			Country 25		
Country 25			Zip 29		
Country 25			Country 30		
9. Name and Address of Current Registered Agent SMITH, GLENDA L. 1335 SOUTH 8TH STREET FERNANDINA BEACH FL 32034			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 607.0501 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 P			1.1 TITLE		
NAME SMITH, GLENDA L.			1.2 NAME		
STREET ADDRESS 1335 SOUTH 8TH STREET			1.3 STREET ADDRESS		
CITY-STATE-ZIP FERNANDINA BEACH FL			1.4 CITY-STATE-ZIP		
TITLE VP			2.1 TITLE		
NAME AARON, RAYNELL D.			2.2 NAME		
STREET ADDRESS 3769 S FLETCHER AVENUE			2.3 STREET ADDRESS		
CITY-STATE-ZIP FERNANDINA BEACH FL			2.4 CITY-STATE-ZIP		
TITLE ST			3.1 TITLE		
NAME JOHNS, KAREN			3.2 NAME		
STREET ADDRESS 5095 STATE ROAD 218			3.3 STREET ADDRESS		
CITY-STATE-ZIP MIDDLEBURG, FL 32068			3.4 CITY-STATE-ZIP		
TITLE 			4.1 TITLE		
NAME 			4.2 NAME		
STREET ADDRESS 			4.3 STREET ADDRESS		
CITY-STATE-ZIP 			4.4 CITY-STATE-ZIP		
TITLE 			5.1 TITLE		
NAME 			5.2 NAME		
STREET ADDRESS 			5.3 STREET ADDRESS		
CITY-STATE-ZIP 			5.4 CITY-STATE-ZIP		
TITLE 			6.1 TITLE		
NAME 			6.2 NAME		
STREET ADDRESS 			6.3 STREET ADDRESS		
CITY-STATE-ZIP 			6.4 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLENDA L. SMITH

1/30/99 (904) 282-1063

Date

Daytime Phone #

CR2E034 (11/98)