

1108289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

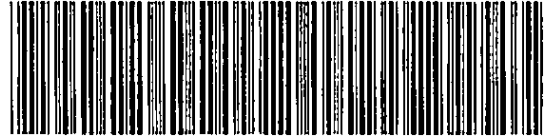
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100300273941

H08287

13 Camilla Drive
Quincy, Florida 32351
June 1984

SNZ 6/19

Department of State
The Capitol
Tallahassee, Florida

Attn: Corporations Division

Gentlemen:

Enclosed please find an original and copy of proposed articles of incorporation of State Line Farms Incorporated. Also enclosed is my check for \$63.00 for the following:

Filing fee - original	\$15.00
Filing fee - certified copy	15.00
Filing fee - resident agent	3.00
Tax - minimum	30.00
	<u>\$63.00</u>

Please return the certified copy of the articles of incorporation to me at the above address.

Thank you for your prompt attention.

Yours truly,

A. D. Sapp

A. D. Sapp

enc.

006 0260 6/15/84
006 0260 6/15/84
006 0260 6/15/84
006 0260 6/15/84
006 0260 6/15/84

15.00
15.00
3.00
30.00

Name	TA 6/15/84
Availability	TA 2/A
Document Examiner	TA
Updater	TA
Update Verifier	TA
Acknowledgment	TA
Verify	TA

MM JUN 20 1984

FILED
1984 JUN 15 AM 9 41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
STATE LINE FARMS INCORPORATED

FILED
JAN 15 AM 9 41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act hereby adopt the following articles of incorporation:

ARTICLE ONE - NAME

The name of the corporation is STATE LINE FARMS INCORPORATED.

ARTICLE TWO - DURATION

The term of existence of the corporation is perpetual.

ARTICLE THREE - PURPOSE

The corporation may transact any and all lawful business for which corporations may be incorporated under the Florida General Corporation Act.

ARTICLE FOUR - CAPITAL STOCK

The aggregate number of shares which the corporation has authority to issue is SEVEN THOUSAND FIVE HUNDRED (7,500), all of which shall be common shares with a par value of \$1.00 per share.

ARTICLE FIVE - PREEMPTIVE RIGHTS GRANTED

Each shareholder of any class of stock of this corporation shall be entitled to full preemptive rights to purchase any unissued or treasury shares of the corporation and any securities of the corporation convertible into or carrying a right to subscribe to or acquire shares of any such unissued or treasury shares.

ARTICLE SIX - REGISTERED OFFICE

The street address of the initial registered office of the corporation is 134 Camellia Drive, Quincy, Florida 32351, and the name of the initial registered agent at such address is A. D. Sapp.

ARTICLE SEVEN - DIRECTORS

The board of directors of the corporation shall consist of three members.

The names and addresses of the first board of directors are:

Name	Address
A. D. Sapp	134 Camellia Drive, Quincy, FL 32351
W. H. SAPP	701 E. King Street, Quincy, FL 32351
M. J. OWENS	132 N. Twin Lakes Drive, Cocoa, FL 32922

ARTICLE EIGHT - INCORPORATORS

The name and address of the incorporator is:

Name	Address
A. D. SAPP	134 Camellia Drive, Quincy, FL 32351

ARTICLE NINE - COMMENCEMENT OF EXISTENCE

The corporation shall be deemed to commence its existence on June 15, 1984.

IN WITNESS WHEREOF, I have subscribed my name this 14th day of June, 1984.

A. D. Sapp
A. D. SAPP, Incorporator

STATE OF FLORIDA
COUNTY OF GADSDEN

On this 14th day of June, 1984, before me, the undersigned officer, personally appeared A. D. SAPP, known to me to be the person whose name is subscribed to the within instrument, and he acknowledged that he executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Kenneth Lewis Jensen

Notary Public
My Commission expires:
Notary Public, State of Florida
My Commission Expires Aug. 11, 1987
Revised Form 1-77 by Notary, State

(Seal)

STATE OF FLORIDA
DEPARTMENT OF STATE

Certificate Designating Place of Business or Domicile for the
Service of Process Within This State, Naming Agent Upon Whom Process
May be Served and Names and Addresses of the Officers and Directors.

The Following is submitted in compliance with Chapter 48.091,
Florida Statutes:

STATE LINE FARMS INCORPORATED, a corporation organizing under
the laws of the State of Florida with its principal office at 134
Camellia Drive, in the City of Quincy, County of Gadsden, State
of Florida, has named A. D. Sapp, located at 134 Camellia Drive,
in the City of Quincy, County of Gadsden, State of Florida as
its agent to accept service of process within this state.

OFFICERS:

Name	Title	Specific Address
A. D. SAPP	President	134 Camellia Drive, Quincy, FL 32351
M. J. OWENS	Vice- President	132 N. Twin Lakes Dr., Cocoa, FL 32922
W. H. SAPP	Secretary	701 E. King St., Quincy, FL 32351

DIRECTORS:

Name	Specific Address
A. D. SAPP	134 Camellia Drive, Quincy, FL 32351
M. J. OWENS	132 N. Twin Lakes Drive, Cocoa, FL 32922
W. H. SAPP	701 E. King St., Quincy, FL 32351

By:

A. D. Sapp
Secretary

ACCEPTANCE:

I agree as Resident Agent to accept Service of Process: to
keep office open during prescribed hours; to post my name (and any other
officers of said corporation authorized to accept service of process
at the above Florida designated address) in some conspicuous place
in office as required by law.

A. D. Sapp
Resident Agent

APPROVED
AND
FILED

JUN 18 1985

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required — Make Checks Payable To: Secretary of State

STATE LINE FARMS INCORPORATED
A.D. SAPP
134 CAMELLIA DRIVE
QUINCY, FL 32351

Register Change of Address of Corporation or Partnership
1. Name of Corporation or Partnership
2. Street Address
3. P.O. Box No.
4. City
5. State

If above address is incorrect in any way, enter the correct address in item 2 above.

6. Date of Last Report
7. Date of Change
8. Signature of Officer or Director
9. Signature of Registered Agent
10. Signature of Secretary of State

Name of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State
SAPP, A.D.	P/O	134 CAMELLIA DRIVE	QUINCY, FL
SAPP, A.H.	S/O	733 E. KING STREET	QUINCY, FL
SWINE, H.J.	V/O	122 N. TWIN LAKES DRIVE	COCOA, FL

There is no change in Corp. I see no reason for the request for just another unjustified change to maintain a large Government payroll.

Registered Agent Information

1. Name and Address of Current Registered Agent
2. Name and Address of New Registered Agent
Name
Street Address (Do NOT Use P.O. Box Number)
City, State and Zip Code

I, the undersigned, being a resident of this State, do hereby certify that the above-named corporation, organized under the laws of the State of Florida, submits this report for the purpose of changing its registered officer or registered agent, or both, in the State of Florida, and that such change was authorized by resolution duly adopted by the board of directors on _____.

I, the undersigned, being a resident of this State, do hereby certify that I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

See signature restrictions under instruction on reverse side of this form.

I declare that I am an Officer of the Corporation, the Recorder or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. and that I understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath.

Signature of Officer or Director
Date
Signature of Secretary of State

\$5 additional fee required for a Certificate of Status

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1986



FLORIDA DEPARTMENT OF STATE
George F. J. Stone
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

06/18/86

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

H08287
STATE LINE FARMS INCORPORATED
P. O. D. SAPP
134 CAMELLIA DRIVE
QUINCY, FL 32351

5

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number alone is NOT sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

3. Date Corporation or Qualified Person Business in Florida

06/15/1984

4. Federal Employer Identification Number (FEIN)

59-2432518

5. Date of Last Report

06/18/1985

6. Name and Street Addresses of Each Officer and Director, as of December 31, 1985

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
SAPP, A. D.	P/D	134 CAMELLIA DRIVE	QUINCY, FL
SAPP, W. H.	S/D	701 E. KING STREET	QUINCY, FL
OLSEN, H. J.	V/D	132 N. TWIN LAKES DRIVE	COCOA, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

SAPP, A. D.
134 CAMELLIA DRIVE
QUINCY, FL 32351

8. Name and Address of New Registered Agent

Name 81

Street Address (Do NOT Use P.O. Box Numbers) 82

City and State 83

FL.

Zip Code 84

In compliance with the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida.

Such change was authorized by resolution duly adopted by its board of directors on _____.

I, _____, accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.035 F.S.

SIGNATURE _____ (Registered Agent Accepting Appointment)

DATE _____

\$3.00 additional fee required for Registered Agent changes.

See signature restrictions under instructions on reverse side of this form.

I certify that I am an Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 177, F.S. I further certify that my signature on this report shall have the same legal effects as if made under oath. (Officer signing must be listed in Block 6)

Signature _____ Date _____
Telephone Number _____

Is Additional Fee required for a
Continuation of Status?

CONTINUATION OF STATUS REQUIRED ☐

CORPORATION WILL BE DISSOLVED IF THIS REPORT IS NOT FILED BY NOV. 15, 1987

CORPORATION

ANNUAL REPORT
1987



FLORIDA DEPARTMENT OF STATE
Tallahassee
Division of Corporations

DO NOT WRITE IN THIS SPACE

SEP 15 1987

FILED
CLERK OF THE COURT
TALLAHASSEE, FL

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

Name and Address of Corporation Principal Office:

408267 5
STATE LINE FARMS INCORPORATED
P.O. BOX
134 CAPELLIA DRIVE
QUINCY, FL 32351

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

Date Incorporated or Qualified To Do Business in Florida 08/15/1964

Federal Employer Identification Number (FEIN) 59-2432518

Date of Last Report 03/07/1986

Enter and Print Addresses of Each Officer and Director, as of December 31, 1986

Names of Officers and Directors	Type	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State
OFF. P.D.	P/D	134 CAPELLIA DRIVE	QUINCY, FL
OFF. U.H.	S/D	701 E. KING STREET	QUINCY, FL
OFF. H.J.	V/D	132 N. TWIN LAKES DRIVE	COCOA, FL

REGISTERED AGENT INFORMATION

5 Name and Address of New Registered Agent

Name 51	
Street Address 1 (Do NOT Use P.O. Box Number) 52	
Street Address 2 (Do NOT Use P.O. Box Number) 53	
City and State 54	Zip Code 55
FL	

Name and Address of Current Registered Agent

OFF. P.D.
134 CAPELLIA DRIVE
QUINCY, FL 32351

I, Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement to the purpose of changing its registered office, or registered agent, or both, in the State of Florida.

Such change was authorized by resolution duly adopted by its board of directors on

I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of, Section 607.025 F.S.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

\$25.00 additional fee required for Registered Agent change.

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.
(Officer signing must be listed in Block C.)

Signature <i>[Signature]</i>	Date 8/24/87
Position of Signing Officer V. H. Sano	Telephone Number 904-627-8505
Secretary	

If corporation has a new date of status check the box

CERTIFICATE OF STATUS DESIRED



\$5 Additional Fee required for a Certificate of Status

CFC004 (1/86)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CONFIRMATION

ANNUAL REPORT

1988



FLORIDA DEPARTMENT OF STATE
 George M. J. ...
 Secretary of State
 FLORIDA CORPORATIONS

FILED

SEPT 15 1988

Read Notice and Instructions on Other Side Before Mailing Entries

filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

Name and Address of Corporation, Partnership, or Other Entity

#06287
 STATE LINE FARMS INCORPORATED
 C. A. D. SAFF
 134 CAMELLIA DRIVE
 QUINCY, FL 32351

5

I declare a person is incorporated in any way, under the current address
 in Part 2, to be the owner

State Change of Address of Corporation or Partnership
 Office, P.O. Box Number, or other address

Street Address P2

P.O. Box No. P2

City and State P2

06/05/88 00:28

Enclosure
 ANNUAL REPORT
 ANNUAL REPORT

1. Date incorporated or formed in
 2. Date of business in Florida

06/15/1984

3. General Corporation
 Identification Number (GIDN)

59-2432518

4. Date of
 Last Report

03/07/1988

5. Name and Street Address of Each Officer and Director as of Beginning of 1988

Name of Officers
 and Directors

Title

Street Address of Each
 Officer and Director
 (Do Not Leave Blank Office Box Numbers)

City and State

S. A. P. A. D.

P/O

134 CAMELLIA DRIVE

QUINCY, FL

S. A. P. U. H.

S/O

701 E. KING STREET

QUINCY, FL

S. A. P. H. J.

V/O

132 N. TWIN LAKES DRIVE

COCOA, FL

REGISTERED AGENT INFORMATION

Name and Address of Last Registered Agent

Name P1

Name and Address of Current Registered Agent

S. A. P. A. D.

134 CAMELLIA DRIVE
 QUINCY, FL 32351

Street Address P1, P2, P3, or P4 P.O. Box Number P2

Street Address P1, P2, P3, or P4 P.O. Box Number P2

City and State P1

FL

I, the undersigned, being a resident of the State of Florida, do hereby certify that the above-named corporation, partnership, or other entity, incorporated under the laws of the State of Florida, has
 statements for the purpose of changing its registered office, or changing its registered agent, or both, in the State of Florida.
 change was authorized by resolution duly adopted by its board of directors or
 change was authorized by resolution duly adopted by its board of directors or

I hereby accept the appointment of the person named above as my agent, and accept the jurisdiction of the Secretary of State, Florida, for the purpose of changing its registered office, or changing its registered agent, or both, in the State of Florida.

SIGNATURE

C. A. D. SAFF

DATE

(Registered Agent and for Appointment)

\$3.00 additional fee required for Registered Agent changes.

See signature restrictions under instructions on reverse side of this form

Witness: I, an Officer or Director of the corporation, partnership, or other entity, do hereby certify that the above-named corporation, partnership, or other entity, incorporated under the laws of the State of Florida, has
 statements for the purpose of changing its registered office, or changing its registered agent, or both, in the State of Florida.
 change was authorized by resolution duly adopted by its board of directors or
 change was authorized by resolution duly adopted by its board of directors or

W. H. Sapp

3-5-87

W. H. Sapp

Secretary/Director

904-627-8505

FOR FILING ONLY

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

ANNUAL REPORT
1989



Department of Banking
Secretary of State
Division of Corporations

FILED SEP 13 1989

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

Annual Report Approval and Compliance Report Office

ZIP + 4

108287 5
STATE LINE FARMS, INCORPORATED
S. A. H. SAPP
134 CAMELLIA DRIVE
QUINCY, FL 32351-2502

2. Enter the name of the corporation or other entity filing the report.

State of Florida

PO Box 1000

Quincy, FL 32351

Telephone

Check up on the status of your corporation or other entity by calling 1-800-352-2263

Annual Report Due Date 06/15/1989

Annual Report Due Date 06/15/1989

59-2432518

State of Florida

05/05/1988

Annual Report Due Date 06/15/1989

Annual Report Due Date 06/15/1989

Annual Report Due Date 06/15/1989

P/D	SAPP, A.D.	134 CAMELLIA DRIVE	QUINCY, FL
S/D	SAPP, W.H.	701 E. KING STREET	QUINCY, FL
V/D	OWENS, M.J.	132 N. TWIN LAKES DRIVE	COCOA, FL

REGISTERED AGENT INFORMATION

SAPP, A.D.
134 CAMELLIA DRIVE
QUINCY, FL 32351

FL

DATE

Feb 6 1989

904-627-8505

President



APPLICATION
FOR
REINSTATEMENT
1990

Jim Sapp
Secretary of State
DIVISION OF CORPORATIONS

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

Name and Address of Corporation:

H08287

STATE LINE FARMS INCORPORATED
% A.D. SAPP
134 CAMELLIA DRIVE
QUINCY, FL 32351

If above address is incorrect in any way, enter the correct address
in item 2. Include Zip Code.

2 If Address in item 1 is incorrect in any way, enter the correct address
below. The NAME of the corporation can be changed only by filing
an amendment.

Address

701 E. KING ST.

Address

QUINCY

City and State

QUINCY, FLA

Zip Code

32351

3 Date Corporation or Officer
First Business in Florida

06/15/1984

4 FEI Number

59-2432518

5 FEI Number Added For
FEI Number Not Provided

Name and Street Address of Each Officer and Director

1	2	3	4
	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
P/D	SAPP, A.D.	134 CAMELLIA DRIVE	QUINCY, FL
S/D	SAPP, W.H.	701 E. KING STREET	QUINCY, FL
V/D	OWENS, M.J.	132 N. TWIN LAKES DRIVE	COCOA, FL

01/02/91--00185--001

REINSTATEMENT
REINSTATEMENT
ANNUAL REPORT

REGISTERED AGENT INFORMATION

6 Name and Address of Current Registered Agent

SAPP, A.D.
134 CAMELLIA DRIVE
QUINCY, FL 32351

Name

W. H. SAPP

Street Address (Do NOT Use P.O. Box Number)

701 E. KING ST.

Street Address (Do NOT Use P.O. Box Number)

City and State

QUINCY

FL

32351

I am hereby appointing the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505, F.S.

Signature of

Registered Agent

W. H. SAPP

REGISTERED AGENT MUST SIGN

Date 12/10/90

I hereby certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607, F.S. I further certify that when filing this
reinstatement application the reason for dissolution has been eliminated, the corporation name satisfies the requirements of section 607.0401, F.S., and our attorney has been paid. The information indicated on this application is true and accurate and my signature shall have the same legal effects as if made upon oath.

Signature of

Director

W. H. SAPP

Date 12-10-90

Phone 904-375-1345

Name of printed name of signing officer or director

W. H. SAPP

Do you desire a certificate of good standing for the year

\$8.75 Additional Fee

required for a
Certificate of Good Standing

FILE NOW! AMOUNT DUE \$61.25 OR CORPORATION WILL BE
DISSOLVED ON OR AFTER OCTOBER 9, 1991.

CORPORATION
ANNUAL REPORT
1991



RECEIVED DEPARTMENT OF STATE
JAN 10 1992
TALLAHASSEE, FLORIDA
BUREAU OF CORPORATIONS

APPROVED
FILED

FILING FEE OF \$61.25 REQUIRED

DOCUMENT # H08287 (5)

ZIP + 4 PRESORT

STATE LINE FARMS INCORPORATED
701 E. KING STREET
QUINCY, FL 32351-2519

DO NOT WRITE IN THIS SPACE

2. If Address of Stockholder is incorrect in any way, notify the
Secretary of the Corporation and enter the correct address in the
Back of the Report. The NAME of the Corporation must be
entered in the space provided.

21. Share Address

22. PO Box No.

23. City and State

24. Zip Code

06/15/1984 59-2432518

\$8.75 Additional Fee required
for a Certificate of Status

	Shareholder's Name and Address	Share Address of Each Shareholder (Do NOT use PO Box Number)	City and State
P/D	SAPP, A.D.	134 CAMELLIA DRIVE	QUINCY, FL
S/D	SAPP, W.H.	701 E. KING STREET	QUINCY, FL
V/D	OWENS, M.J.	132 N. TWIN LAKES DRIVE	COCOA, FL

REGISTERED AGENT INFORMATION

SAPP, W.H.
701 E. KING STREET
QUINCY, FL 32351

81. Name

82. Street Address 1 (Do NOT use PO Box Number)

83. Street Address 2 (Do NOT use PO Box Number)

84. City

FL

85. Zip Code

DATE

DATE

W.H. SAPP

SECRETARY

904 875-1345

FILING FEE OF \$61.25 REQUIRED - Make Checks Payable To: Secretary of State \$8.75 Additional Fee required
for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE
DELINQUENT AFTER JULY 1ST.

ANNUAL REPORT
1992



DEPARTMENT OF STATE
Tallahassee, Florida 32399-0001

FILING FEE \$61.25 Make Payable To: Secretary of State

DOCUMENT # H08287 (5)
STATE LINE FARMS INCORPORATED
701 E. KING STREET
QUINCY FL 32351-2519

2. If Applicable, Date of Change of Name, Address, or Officers and Directors, and the reason for the change.
21. Filing Date
22. State of Florida
23. City and State
24. Date
25. Date of Incorporation
06/15/1984

10/02/1991 59-2432518

\$0.75 Additional Fee required for a Certificate of Good Standing

REGISTERED AGENT INFORMATION

SAPP, W.H.
701 E. KING STREET
QUINCY, FL 32351

SIGNATURE

W.H. Sapp

W. H. SAPP

SECRETARY/DIRECTOR

3-2-92

904 875-1345

Pre New Filing Fee after May 1 88 \$225.00

APPROVED
AND
FILED

93 JUN 19 PM 1:51

DOCUMENT # H08287 (5)

STATE LINE FARMS INCORPORATED
701 E KING ST
QUINCY FL 32351-2519

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08/15/1984

03/09/1992

592432518

\$8.75 Annual
Fee Required

\$5.00 MILEAGE
Actual to Date

\$138.75 Suggested
Fee to be Paid

9. Name and Address of Current Registered Agent

SAPP, W.H.
701 E. KING STREET
QUINCY FL 32351

10. Name and Address of New Registered Agent

FL

P.D.
SAPP, A.D.
134 CAMELLIA DRIVE
QUINCY FL

S.D.
SAPP, W.H.
701 E. KING STREET
QUINCY FL

V.D.
OWENS, M.J.
132 N. TWIN LAKES DRIVE
COCCOA FL

W.H. SAPP

SECRETARY - DIRECTOR

7-15-93

1901-875-1345

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 18, 1994.
PENALTY FOR NONCOMPLIANCE: \$1000 PER DAY OF DELINQUENCY. MINIMUM AMOUNT DUE TO NONSTATE: \$375.

STATE OF FLORIDA

DEPARTMENT OF REVENUE

1994

DOCUMENT # H08287 (5)

STATE LINE FARMS INCORPORATED

701 E KING STREET
QUINCY FL 32351

701 E KING STREET
QUINCY FL 32351

JUL 12 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Date of Filing	06/15/1984	3a. Date of Filing	07/19/1993
2. Filing Fee	59-2432518	3b. Filing Fee	
3. Confirmation of Status (Required)	38.75 Additional Fee Required	4. Filing Fee	
5. Filing Fee		6. Filing Fee	
7. Filing Fee		8. Filing Fee	
9. Filing Fee		10. Filing Fee	

9. Name and Address of Current Registered Agent

SAPP, W.H.
701 E KING STREET
QUINCY FL 32351

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is OK)	
83. City	
84. State	FL

W.H. SAPP

W.H. SAPP

7/8/94

P/O
SAPP, W.H.
134 GAMBELLA DRIVE
QUINCY FL
S/D
SAPP, W.H.
701 E KING STREET
QUINCY FL
V/D
OWENS, M.J.
132 N. TWIN LAKES DRIVE
COCOA FL

DECEASED

P15/D

SIGNATURE:

W.H. SAPP

W.H. SAPP

7/8/94

904-561-9723