

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

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PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUN 27 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H54385 (0)
1. Corporation Name
A & D FARMS, INC.



Principal Place of Business: 11710 SCHAEFER LN. LAKE WALES FL 33853
Mailing Address: 11710 SCHAEFER LN. LAKE WALES FL 33853-9548

3. Date Incorporated or Qualified 04/26/1985	3a. Date of Last Report 04/30/1996
4. FEI Number 59-2539348	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
SCHAEFER, SYLVESTER J.
11710 SCHAEFER LN.
LAKE WALES FL 33853

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	SCHAEFER, SYLVESTER J.
STREET ADDRESS	11710 SCHAEFER LN.
CITY-ST-ZIP	LAKE WALES FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	SCHAEFER, ANN B.
STREET ADDRESS	11710 SCHAEFER LN.
CITY-ST-ZIP	LAKE WALES FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	BURNS, VICTORIA A.
STREET ADDRESS	2035 W VICTORY WAY
CITY-ST-ZIP	CRAIG CO
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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****165.00 ****165.00

14. I do 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.

SIGNATURE: _____

CR2E034 (9/96)

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A & D FARMS

11710 SCHAEFER LANE
LAKE WALES, FLORIDA 33853

(813) 696-1693
(941)

June 24, 1997

Division of Corporations
Annual Reports Section
P O Box 1500
Tallahassee, Fl. 32302-1500

Gentlemen:

On Friday April 18, 1997, I drove to Fort Lauderdale to meet with my Son (Schaefer Builders Inc.) to discuss and file both his and my (A & D Farms, Inc.) Florida Annual Corporation Report.

While having dinner his vehicle was broken into and my brief case containing among other things, the Report forms were taken. This along with other personal items, ie Cell Phone hand held calculator.

A report was filed, but we were told that in a private parking lot nothing could or would be done. Also that the deductible amount on his insurance was greater than the value of the missing items, we should just write it off to experience.

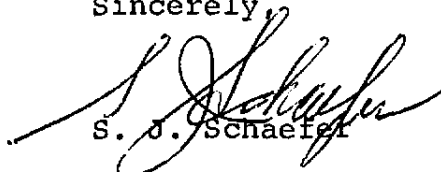
I returned to Lake Wales and nothing more was thought about it other than to relate the experience here at home, forgetting about the fact that the Reporting forms were also lost.

This past weekend while tearing down an old garage in Dania my brief case was found. All papers including the reporting forms inside. I contacted your office and was told that I was to write this letter explaining the events that resulted in my not having filed my report on time.

I am therefore enclosing both Schaefer Builders Inc. and A & D Farms, Inc. reports along with a check in the amount of \$165.00 each.

Your consideration of this explanation will be greatly appreciated.

Sincerely,



S. J. Schaefer