

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:44

DOCUMENT # H65332

(9)

1. Corporation Name

SUTTERFIELD'S, INC.

Principal Place of Business

1416 N.W. AVE. G
BELLE GLADE FL 33430

Mailing Address

1416 N.W. AVE. G
BELLE GLADE FL 33430

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/08/1985

3a. Date of Last Report

04/19/1994

4. FEI Number

59-2577367

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUTTERFIELD, MARGREAT A.
1416 NW AVENUE G
BELLE GLADE FL 33430

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SUTTERFIELD, TIMOTHY D
STREET ADDRESS 415 S.E. 1ST AVE.
CITY-ST-ZIP S. BAY FL 33493

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Sutterfield Margreat A.
1.3 STREET ADDRESS 1416 N.W. Ave G.
1.4 CITY-ST-ZIP Belle Glade, FL. 33430

TITLE PV
NAME SUTTERFIELD, MARGREAT A
STREET ADDRESS 1416 N.W. AVE. G
CITY-ST-ZIP BELLE GLADE FL 33430

2.1 TITLE Vice president ☒ Change ☐ Addition
2.2 NAME Sutterfield DOLAN C. Sr.
2.3 STREET ADDRESS 1416 N.W. Ave G.
2.4 CITY-ST-ZIP Belle Glade, FL. 33430

TITLE ST
NAME SUTTERFIELD, DOLAN C JR
STREET ADDRESS 1609 N.E. AVE. J
CITY-ST-ZIP BELLE GLADE FL 33430

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Margreat A. Sutterfield Margreat A. Sutterfield 3-22-95 407-996-5641