3-20-41 15-5081 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # H85653 SOUTH LAKE FEED & SUPPLY, INC.

(4)

Mailing Address

FILED Mar 20 1997 8:00am Secretary of State



1909 S. HWY. 27 CLERMONT FL 34711		1909 S. HWY. 27 CLERMONT FL 34711-3616						
					3. Date Incorporated or Qualified 11/18/1985	3a. Date of Last Report 04/10/1996		
2. Principal Place of Business 28. Mailing Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4. FEI Number			Applied For
21		26	,		59-2595086		l_	Not Applicable
Suite, Apt		Suite, Apt #, etc.			5. Certificate of Status Desired	X		'5 Additional Required
City & Stat	te	City & State			Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
Ζ(ρ : 4]	Country 25	Ζ(μ) 29	Countr 30	у		Yes [] No	er s. 199.032,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Ro	egistered /	Agent	
	PNER, WILLIAM F., SR.		81	Name				
13106 SHORE DR RT. 2 SUBURBAN SHORES				Street.	ddress (P.O. Box Number is Not Acceptable)			
WIN	ITER GARDEN FL 34787		83	3				
			84	City			85	Zip Code
					corporation submits this statement for the	FL		
12. Title	OFFICERS A	ND DIRECTORS DELETE	13.	o i ognature	required when reinstalling) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIREC Char	
N4ME	TIMPNER, WILLIAM F. 13106 SHORE DR		1.2 NAME					
STREET ACORESS: Cuta - Sto Ziñ	WINTER GARDEN FL		1.3 STREE	1 ADDRESS ST-ZIP				
TETLE	V	☐ DELETE	21 TITLE				Char	ige 🔲 Addit-on
NAV:	TIMPNER, MICHAEL E.		2.2 NAME					
STREET ADDRESS	16745 KAMALIN CT.		2.3 STREE	T ADDRESS				
CITY - ST - 70°	CLERMONT FL	DELETE	2. 4 CITY	·Si · ZIP			Char	ige Addition
THILE NAME	TIMPNER, NELLENE M.	F⊒ otreit	3 1 TITLE 3 2 NAME				L.J UIBI	igs LJ AOOHIDH
STREET AUDRESS	13106 SHORE DR			T ADORESS				
01Y S1-7P	WINTER GARDEN FL		3.4. City					
T-(L)		☐ DELETE	41 TITLE				Char	ige Addition
NAME			4 2 NAM	F				
STREET ADDRESS			4 3 \$TRF	T ADDRESS				
City-St 20			4,4 CHTY -	ST-7IP			T .	<u> </u>
Titel		[] DELFTE	5.1 TITLE				∐ Char	nge 🔲 Addition
NAME			5.2 NAME					
STREET ACCRESS				T ADDRESS				
CUT-St 76°		□ DELETE	54 CHY - 61 THUE	\$1-7IP			☐ Char	nge Addition
NAM:		L_ Oci Cit	6.2 NAME				0.4	.g
STREET ADDRESS:				T ADDRESS				
STREET REPORTS	1		■ U.J ŞIMEI	. เคยบที่เออ	i e e e e e e e e e e e e e e e e e e e			

14. Let nereby cerbly 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 ratio are don't fill amount from 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: Nellene M. Timpner

3/17/97 (352)394-4477