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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K60538

(1)

SUMMERDALE FARMS, INC.

FILED Mar 05 1997 8:00am Secretary of State

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|--|--------------|---------|--|-------------|-----------------------|---|
| | | | | | | I |

| Principal Prace of Business C/O RICHARD H. SHERRILL | | · · | Mailing Address C/O RICHARD H. SHERRILL | | | I TERLOHI SHE ELIKY BOYAN DILOB SKART HOLL ELEKY BYOLL BYENI DISHK ENDY BYOLL BOOL | | | | | | |
|---|---|----------------------|--|---|-----------------------------------|--|--|-----------------------|---------------|----------------------|--|--|
| 410 EAST G PENSACOLA | GOVERNMENT ST. | 410 EAST GO | 410 EAST GOVERNMENT ST. PENSACOLA FL 32501-8132 | | | 3. Date Incorporated or Qualified 3a. Date of L 01/24/1989 03/04/18 | | | | | | |
| 2. Principal | 1 Place of Business | 2a. Mailing Ad | idress | | | | 4. FEI Number | | | pplied For | | |
| rec y | | ł | Suite, Apt. #, etc. | | | 59-2926097 | | | ot Applicable | | | |
| | | | | | | | | \$8.75 Addition | | | | |
| 22 | | [27] | 27 | | | | 5. Certificate of Status Desired | | Fee R | Required | | |
| City & St | tetu | City & Stat | te | | ******* | | 6. Election Campaign Financing |) | \$5.00 | May Be | | |
| 23 | | 28 | | | | | Trust Fund Contribution | | | to Fees | | |
| Ζιρ | Country | Ζιρ | L | Coul | ntry | | 8. This corporation has liability | | | s. 199.03 <i>2</i> , | | |
| 24 | 25 | 29 | | 30 | | | Florida Statutes | Yes | | | | |
| | 9. Name and Address of Curr | rent Registered Agen | 1t | | | | 10. Name and Address of New | Registered | Agent | | | |
| | HERRILL, RICHARD H. | | | | 81 | Name | | | | | | |
| 410 EAST GOVERNMENT ST. | | | | | 82 | Street Addr | dress (P.O. Box Number is Not Acceptable) | | | | | |
| Pl | ENSACOLA FL 32501 | | | | | | | | | ···· | | |
| | | | | | 83 | | | | | | | |
| | | | | Ì | 84 | City | | | 85 Zip | Code | | |
| | int to the provisions of Sections 607.0 or registered agent, or only, in the Str 1 am familiar with, and accept the ob- | | | | | · · | | <u>FI</u> | _ | | | |
| SIGNATUR 12. | Some their organism person of the manifest requirement | AND DIRECTORS | (NOTE DELETE | 13. | | of signature requir | ed when reinstating) ADDITIONS/CHANGES TO OF | DATE FICERS AN | D DIRECTO | RS IN 12 | | |
| NAMI | SHERRILL, RICHARD H. | لبسيا | Direct | 1.2 NA | | | | | C Change | hard Froditio | | |
| STREET ADDRESS | 444 E AOLEDINITAT | | | | | ADDRESS | | | | | | |
| 01°Y 51-781 | PENSACOLA FL | | | 1.4 06 | | 1 | | | | | | |
| DLF | D | | DELETE | 2 1 10 | •••• | 1 2 1 | | | Change | Additio | | |
| NAM | KAHN, ROBERT H. JR. | | | 22 NA | | | | | • | | | |
| STREET ACOUNTS | AND WEAT LEE AT | | | | | ADDRESS | | | | | | |
| CITY: \$1 - 707 | PENSACOLA FL | | | | | ST-ZIP | | | | | | |
| - Jan 1 | | | DELETE | 3 1 711 | | | | | Change | Addilio | | |
| NAME | | _ | | 3 2 NA | WE. | Ì | | | | | | |
| STREET ADDRES | ss [| | | 3351 | REET | ADDRESS | | | | | | |
| CHY-SI-Z | | | | | | ST-ZIP | | | | | | |
| 1.04 | | | DELETE | 4111 | | | | ********************* | Change | Additio | | |
| HAME | | | | 4.2 N | AME | | | | | | | |
| STREET AFFIRE | 98 | | | 4.3 \$1 | REFT | ADDRESS | | | | | | |
| QHY-81-20 | | | | 4.4 CI | 1Y - S | 1 - ZIP | | | | | | |
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| NAME | | | DELETE | 5.1 Ti 5.2 № | | | | | L Change | Land Made do | | |
| SARFEL ADORES | \$5 | | DELETE | 5.2 N∕ | MÉ | ADDRESS | | | ∟ Change | 7,0000 | | |
| | 55 | | | 5.2 N∕ | AMÉ REET | | · · · · | | | | | |
| SHREET ADDRES | \$5 | | DELETE | 5.2 N/ 5.3 ST | IME REET TY-S | | | | Change | Additio | | |
| SARFEL ADORES | 55 | | | 5.2 № 6.3 ST 5.4 CI | ame Reet Ty-s Tue | | | | | | | |
| STREET ADORES COLY-SE ZIE THILE | | | | 5.2 № 5.3 ST 5.4 CI 6.1 TI 6.2 N/ | IME REET TY-S TLE IME | | | | | | | |

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 Statules, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my righter exhall have the same legal effect as if made under eath; 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:

SIGNATURE AND TYPLO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard H. Sherrili

(904) 432-9827 Daytime Phone #