


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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K83303** (3)

1. Corporation Name
SHEFFIELD LEAF, INC.

Principal Place of Business % BILLY M. SHEFFIELD 1340 CLYDESDALE DRIVE LOXAHATCHEE FL 33470	Mailing Address % BILLY M. SHEFFIELD 1340 CLYDESDALE DRIVE LOXAHATCHEE FL 33470-3910
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/25/1989	3a. Date of Last Report 03/11/1996
21 Suite, Apt. #, etc.	26	4. FEI Number 65-0123949	Applied For <input type="checkbox"/> Not Applicable		
22 City & State	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
23 Zip	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
24 Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent SHEFFIELD, BILLY M. 1340 CLYDESDALE DRIVE LOXAHATCHEE FL		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 FL	

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 *Jill H. Sheffield* **Sgt. Jill H. SHEFFIELD** DATE **3/17/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHEFFIELD, BILLY		1.2 NAME	
STREET ADDRESS 1340 CLYDESDALE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP LOXAHATCHEE FL		1.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHEFFIELD, JILL H.		2.2 NAME	
STREET ADDRESS 1340 CLYDESDALE DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP LOXAHATCHEE FL		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Jill H. Sheffield* **4/22/97** (561) 798-0486

CR2E034 (9/96)