FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Feb 12 1996 8:00 am
Secretary of State

DOCUMENT # **L94751** **(9)**

1. Corporation Name

SILVERLEAF FARMS, INC.

Principal Place of Business	Mailing Address
15400 S. US HWY 301 SUMMERFIELD FL 34491 US	P.O. BOX 890 SUMMERFIELD FL 34492 US

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

3. Date Incorporated or Qualified: **08/21/1990**
3a. Date of Last Report: **06/29/1995**
4. FEI Number: **59-3028297** ☐ 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

9. Name and Address of Current Registered Agent

ARNOLD, CHARLES W. JR.
1300 GULF LIFE DRIVE
SUITE 2440
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

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 ____________ DATE ____________

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	CROMARTIE, ROBERT	
STREET ADDRESS	15400 S. US HWY 301	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	VP	☐ DELETE
NAME	GIAUGUE, WILLIAM	
STREET ADDRESS	15400 S US HWY 301	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	VP	☐ DELETE
NAME	BRIGGS, ALAN	
STREET ADDRESS	15400 S US HWY 301	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	VP	☐ DELETE
NAME	HUTSON, DAVID W.	
STREET ADDRESS	15400 S US HWY 301	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	ST	☐ DELETE
NAME	HUTSON, NANCY	
STREET ADDRESS	15400 S US HWY 301	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 119.07(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 or on an attachment with an address.

SIGNATURE: [signature] Pres. — 1-17-96 — 904/347-4407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #