

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L94751

1. Corporation Name

SILVERLEAF FARMS, INC.

Principal Place of Business

15400 S. US HWY 301
SUMMERFIELD FL 34491
US

Mailing Address

P.O. BOX 890
SUMMERFIELD FL 34492
US

2. Principal Place of Business

2a. Mailing Address

21 6500 NW 193 STREET

26 P.O. BOX 310

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 ORANGE LAKE, FL

28 ORANGE LAKE, FL

Zip Country

Zip Country

24 32681 25 USA

29 32681 30 USA

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

08/21/1990

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME P
CROMARTIE, ROBERT
STREET ADDRESS 15400 S. US HWY 301
CITY-ST-ZIP SUMMERFIELD FL

TITLE ☒ DELETE
NAME VP
GIAUGUE, WILLIAM
STREET ADDRESS 15400 S US HWY 301
CITY-ST-ZIP SUMMERFIELD FL

TITLE ☐ DELETE
NAME VP
BRIGGS, ALAN
STREET ADDRESS 15400 S US HWY 301
CITY-ST-ZIP SUMMERFIELD FL

TITLE ☐ DELETE
NAME VP
HUTSON, DAVID W.
STREET ADDRESS 15400 S US HWY 301
CITY-ST-ZIP SUMMERFIELD FL

TITLE ☐ DELETE
NAME ST
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 6500 NW 193 STREET
1.4 CITY-ST-ZIP ORANGE LAKE, FL 32681

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 6500 NW 193 STREET
3.4 CITY-ST-ZIP ORANGE LAKE, FL 32681

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 6500 NW 193 STREET
4.4 CITY-ST-ZIP ORANGE LAKE, FL 32681

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 6500 NW 193 STREET
5.4 CITY-ST-ZIP ORANGE LAKE, FL 32681

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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT CROMARTIE

2/12/99

Date

352-591-5888

Daytime Phone #

CR2E034 (11/98)

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90075 027 ***150.00



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