

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90265 008 ****61.25

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1. Corporation Name

SOUTHERN COMMERCIAL RABBIT PRODUCERS ASSOCIATION
, INCORPORATED

Principal Place of Business

% DEE BLAHA
16362 WILSON BLVD.
MASARYKTOWN FL 34609

Mailing Address

% DEE BLAHA
16362 WILSON BLVD.
MASARYKTOWN FL 34609



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/04/1997

4. FEI Number

APPLIED FOR -59-3547386

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

9. Name and Address of Current Registered Agent

BASFORD, LELAND
6181 OLD SPANISH TRAIL
CYPRESS FL 32432

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 617.0502 and 617.1508, 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 617.0503, 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 V. DEE BLAHA
NAME BREWER, RUTH
STREET ADDRESS ROUTE 3 BOX 1561
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE S. DIANE
NAME BLAHA, DIANE
STREET ADDRESS 16362 WILSON RD.
CITY-ST-ZIP MASARYKTOWN FL 34609

TITLE D. KELLY
NAME MOUNT, KELLY
STREET ADDRESS 7239 BAYCREST RD.
CITY-ST-ZIP SOUTHPORT FL 32409

TITLE D. BETH
NAME SEELY, BETH
STREET ADDRESS 11271 N. FARMWOOD AVE.
CITY-ST-ZIP DUNNELLON FL 34433

TITLE D. TONY
NAME SHEDLOWSKI, TONY
STREET ADDRESS 115 VALARIE DR.
CITY-ST-ZIP BRUNSWICK GA 31525

TITLE D. MARY
NAME DEAN, MARY
STREET ADDRESS 4480 TANGELO DR.
CITY-ST-ZIP COCOA FL 32926

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 617, 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

4-11-99

Date

850-627-5400

Daytime Phone #

CR2E037 (11/98)