

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000013042 (5)**

1. Corporation Name

**SHILOH CREEK FARM, INC.**



Principal Place of Business

Mailing Address

RT. 1, BOX 625  
MICANOPY FL 32667  
US

RT. 1, BOX 625  
MICANOPY FL 32667  
US

3. Date Incorporated or Qualified

**02/19/1993**

3a. Date of Last Report

**05/31/1995**

2. Principal Place of Business

2a. Mailing Address

21 **31095 Crawford Trg. W. N.**

26 **49 W. Lincoln St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Columbus, Ohio**

28 **Columbus, Ohio**

24 Zip

25 Country

29 Zip

30 Country

24 **43824**

25 **USA**

29 **43215**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COBB, THOMAS C ESQ  
1399 SW 1ST AVE.  
TWO SOUTH BISCAYNE BOULEVARD  
MIAMI FL 33130**

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 is 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 607.0504, Florida Statutes.

SIGNATURE

Signature of current registered agent and, if applicable,

(If FL) Registered Agent signature required when reinstating.

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☒ Change ☐ Addition

NAME **PSTD LUNDSTEN, JOHN M.**  
STREET ADDRESS **ROUTE 1, BOX 625, COUNTY ROAD 320**  
CITY-ST-ZIP **MICANOPY FL**

12 NAME **49 W. Lincoln St.**  
13 STREET ADDRESS **Columbus Ohio**  
14 CITY-ST-ZIP **43215**

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, or is indicated on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN M. LUNDSTEN / 6/30/90**  
6145  
461-0300

CR2E034 (3/96)