

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

FILED

Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000013042 (5)

1. Corporation Name

SHILOH CREEK FARM, INC.

Principal Place of Business

Mailing Address

31095 CRAWFORD
MIGANOPY FL 32667
US

RT. 1, BOX 825
MIGANOPY FL 32667-8801
US



2. Principal Place of Business

2a. Mailing Address

21 31095 Crawford TR 11
Suite, Apt. #, etc.

26 31095 TR 11
Suite, Apt. #, etc.

22 City & State
Fresno, Ohio

27 City & State
Fresno Ohio

23 Zip
43824

28 Zip
43824

24 Country
US

29 Country
US

3. Date Incorporated or Qualified

02/19/1993

3a. Date of Last Report

07/09/1996

4. FEI Number

59-3174468

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

10. Name and Address of New Registered Agent

COBB, THOMAS C ESQ
1899 SW 1ST AVE
TWO SOUTH BISCAYNE BOULEVARD
MIAMI FL 33130

81 Name
Thomas Cobb, Esq.
82 Street Address (P.O. Box Number is not acceptable)
1399 S.W. 1st Ave.
83 Suite 400
84 City
Miami
85 Zip Code
33130

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
LUNDSTEN, JOHN M.
ROUTE 1, BOX 825, COUNTY ROAD 320
MIGANOPY FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
31095 TR 11
Fresno, Ohio, 43824
VP
John R. Phillips
31095 TR 11
Fresno, Oh, 43824

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

Signature and typed or printed name of signing officer or director
John M. Lundsten, 1/22/97 (614) 9650300
President

CR2E034 (9/96)