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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 06 1997 8:00am

Secretary of State

941-693-2100

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000023572 (9)

STALEY FARMS ENTERPRISES, INC.

4812 PALM BEACH BLVD. FT. MYERS FL 33905 US		4812 PALM BEACH BLYD. FT. MYERS FL 33905-3215			e.	
00		30		3. Date Incorporated or Qualified 03/26/1993	3a. Date of Last Report 06/12/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	and the state of t	26		65-0477283	Not Applicable	
Suite, Apt #, etc. St 22 27		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	3	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
23 Zip	Country	28 Zip	Country	This corporation has liability for		
24	25	29	30	· · · · · · · · · · · · · · · · · · ·	Yes No	
<u>1</u>	9. Name and Address of Cu			10. Name and Address of New Re		
HAG/	ANS, MICHAEL		81 Name	JACK M. CONN	ACTUAL OF	
	PALM BEACH BLVD.		00 0		reway	
FT. MYERS FL 33905			82 Street	Address (P.O. Box Number is Not Acceptate	SHCH ISLVO	
			83			
				· · · · · · · · · · · · · · · · · · ·		
			84 City	et mysms	FI 85 Zip Code	
11. Pursuant t	to the provisions of Sections 607.	0502 and 607.1508, Florida Statute	es, the above-named	corporation submits this statement for the p	ourpose of changing its registered	
office or re	egistered agent, or both, in the S m familiar with, any accept the of	tate of Florida. Such change was a bligations of, Section 697.0505, Flo	authorized by the corp orida Statutes	poration's board of directors. I hereby accep	pt the appointment as registered	
~	7114	way Mis	mod Diatatos.			
SIGNATURE		The state of the s	: Rogistered Agent signature	required when reinstating)	DATE	
12.	OFFICERS	AND DISECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
7:TLF	D	☐ DELETE	1.1 TITLE		Change Addition	
NAME	CONNEWAY, JACK		1.2 NAME			
STREET ADDRESS	6900 STALEY FARM RD		1.3 STREET ADDRESS			
City St-ZP	FT MYERS FL 33905		1.4 CITY - ST-ZIP		i	
THE	D	Z DELETE	2.1 TITLE	DON DENT HOUS	Change Addition	
NAME	HAGANS, MICHAEL	ŕ	2.2 NAME	DON DENKHAUS 20400 TAMELEU ESTORO, FL 3	MAN I ANK	
STREET ADDRESS	6901 STALEY FARM RD		2.3 STREET ADDRESS	20400 THINGE	TOOK CHIVE	
City Styzer	FT MYERS FL 33905		2 4 CITY-ST-ZIP	ESTORO, PC 3	3928	
100		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME	·		
STREET ADDRESS			3 3 STREET ADDRESS			
C(TY-\$1-7)P			3.4. CITY - ST - ZIP			
100		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
CITY-ST-7IP			4.4 CITY - ST - ZIP			
THEF		DELETE	5 1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CHY S1-7-P			5.4 CITY-ST-ZIP			
1011		☐ DELETE	61 TITLE		Change Addition	
NAM?			6.2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY+\$1+7IP			6.4 CITY-ST-ZIP			
14. I do herel			y for the exemption s	stated in Section 119.07(3)(i), Florida Statute		
informatio Lam an ol	m indicated on this annual report Hider or director of the corporatio	or supplemental annual report is to re or the receiver or trustee empow	rue and accurate and rered to execute this i	I that my signature shall have the same lega report as required by Chapter 607, Florida S	al effect as if made under oath, that Statutes; and that my name	

SIGNATURE