

2ND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$700).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000030953

CORPORATION NAME
SUNNY ACRES FARM, INC.

Principal Place of Business

1 S.E. 216TH AVE
MORRISTON FL 32668

Mailing Address

POST OFFICE BOX 308
MORRISTON FL 32668-0308

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

MC GEE, SUSAN B
4751 S.E. 216TH AVE
MORRISTON FL 32668

3. Date Incorporated or Qualified

04/28/1993

4. FEI Number

59-3184381

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.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

FL

65 Zip Code

Pursuant to the provisions of sections 607.0602 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when substituting)

DATE

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
STO LUNDY, ROBERT A 4751 S.E. 216TH AVE MORRISTON FL 32668					☐	☐
PD MC GEE, SUSAN B 4751 S.E. 216TH AVE MORRISTON FL 32668					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(5)(f), 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:

Susan B. McGee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/99

Date

Daytime Phone #

CR2E034 (5/99)