FILED

Mar 11, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000079734

 Corporation 	n Name						
SAND H	ILL FARM OF GENEVA, INC						
				•			
							F HINN BIRD TOO
Principal Place of Business Mailing Address				the same of the sa		",	
		4193 N COUNTY RD #426 STE 2300					
GENEVA FL 32732		GENEVA FL 32732		DO NOT WRITE IN THIS SPACE			
į. US		US			Date Incorporated or Qualifed		
	·				11/15/1993		
Principal Place of Business Address Address		2a. Mailing Address			4. FEI Number		plied For
26					59-3218924		ot Applicable Additional
Suite, Apt. #, etc		Suite, Apt. #, etc.	–		5. Certifcate of Status Desired	•	equired
City & State City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
		28	28		Trust Fund Contribution		to Fees
Zip			Country		8. This corporation owes the current year In		_/
24	25	29	30		Personal Property Tax.	☐ Yes	<u>□</u> 446
	9. Name and Address of Current	Registered Agent		T NI	10. Name and Address of New Registered	Agent ,	
EA7	IO DENA		81	Name			
FAZIO, RENA 996 N PHELPS AVE			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	<u> </u>	
-2300-847N-BANK-GENTER			83				
	TER PARK FL 32789		83				
White it that to out on			84	City	FI	85 Zip	Code
44 5	A- th	2 and 607 1609 Florida Statute	s the abov	e-named corn	paration submits this statement for the numose of	f changing its	registered
office or n	egistered agent, or both, in the State of manifer with, and accept the obligat	of Florida. Such change was au	thorized by	the corporation	on's board of directors. I hereby accept the appo	ointment as re	egistered
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE:				nt signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
12.	OFFICERS AN	D DIRECTORS DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	JOURDENAIS, JANICE M	<u> </u>	1.2 NAME				
NAME STREET ADDRESS	4193 N. COUNTY RD. 426		1	TADORESS			ſ
CITY-ST-ZIP	GENEVA FL 32732		1.4 CITY-S	1			}
TITLE	D	☐ DELETE	2 1 TITLE			☐ Change	Addition
NAME	JOURDENAIS, DAVID		2.2 NAME				
STREET ADDRESS	AAOO NI COURTTY DD AOO		2.3 STREE	T ADDRESS			ľ
CITY-ST-ZIP	GENEVA FL 32732	2.4		ST-ZIP		_	
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME	İ			1
STREET ADDRESS			3.3 STREE	T ADDRESS			Ì
CITY-ST-ZIP				ST-ZIP			☐ Addison
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				{
STREET ADDRESS				TADDRESS			1
CITY-ST-ZIP_				IT-ZIP		Change	[] Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			f"i ouende	
NAME			5.3 STREET ADDRESS				
STREET ADDRESS			5.4 CITY-5				
CITY-ST-ZIP TITLE	☐ DELETE		6.1 TITLE			Change	☐ Addition
NAME		<u> </u>	6.2 NAME			-	
							-

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 607, 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP