#558.75

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jul 18 1997 8:00am Secretary of State

	1997	DIVISION OF CC	DRPORATIONS]		
DOCUMENT # P94000033720 (1) SILVER FOX FARMS, INC.					29/00 1/1 /15 1/1/1 1 /1/1 /5 1/1/1 35 /1 1/1/5	
Principal Plac	e of Business	Mailing Address			00136 (6)300 (4)(6) (0010 (3)(1) 0011 (05)	
711 FREDA LANE		711 FREDA LANE		1		
PORT ORANGE		PORT ORANGE FL 32127-580	31			
				3. Date Incorporated or Qualified	3a, Date of Last Report	
				05/01/1994	04/23/1996	
— — .	lace of Business	2a. Mailing Address	1. 1.00	4. FEI Number	Applied For	
Suite, Apt.	l freda Lane	26 (/ Fred Suite, Apt. #, etc.	da Lane	59-3248927	Not Applicable	
22	w, otc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Por		28 Port Oro	inge, Pl	Trust Fund Contribution	Added to Fees	
Zip	Octunity	En Zip	Country	B. This corporation has liability for in		
24 <u>3</u> 2	25 USA 9. Name and Address of Current		0 USA	Florida Statutes 10. Name and Address of New Reg	Yes No	
				10. Name and Address of New Het	Jistereo Agent	
PENNINGIUN, FREUN G						
PORT ORANGE FL 32127			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
1 Old Albador of at 15			83			
			84 City		■ 85 Zip Code	
					<u> </u>	
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. La	m familiar with, and accept the obligat	ions of, Section 607.0505. Flori	da Statutes.	, ,	, , , , , , , , , , , , , , , , , , ,	
SIGNATURE	Signature, typed or printed harm of registered agent	aud title if eoplicable (NOTE: I	Registered Agent signature requir	ed when reinstation)	DATE	
12.	OFFICERS AND	***************************************	13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	D	DELETE	1.1 जिस्स		Change Addition	
NAME	PENNINGTON, ROBERT O		12 NAME			
STREET ADDRESS	711 FREDA LANE		1.3 STREET ADDRESS			
CITY-ST-7IP	PORT ORANGE FL 32127	DELETE	1.4 CHY - ST - ZIP		Change Addition	
TITLE NAME	D Pennington, Freda y G	DICTIL	2.1 TITLE 2.2 NAME		C) Change C) Addition	
STREET ADDRESS	711 FREDA LANE		2.3 STREET ADDRESS		**:-	
CITY-ST-ZIP	PORT ORANGE FL 32127		2. 4 CITY - \$1 - ZIP		:	
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		Dec Exc	3.4. CITY - ST- ZIP			
TITLE		☐ DELETE	4.1 Title		Change Addition	
NAME etocet address			4 2 NAME			
STREET ADDRESS CITY-ST-74P			4.3 STREET ADDRESS			
TITLE		DELETE	4.4 C(1Y - S1 - Z(P) 5.1 Title		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 C(1) - S1 - Z(P			
TITLE		☐ DELETE	61 TITLE	\\\\\\\	Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP	ay cortify that the information curvaled	with this filing does not smaller	6.4 CITY - ST - ZIP	in Section 110 07(2)(i) Florida Statutos	16.00	

Leto 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 eath; that I am an officer or director of the corporation or true 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 J changed, or on an attachment with an address.

SIGNATURE:

X Heda I M

7-14-97

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