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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400033720 1. Corporation Name

FILED Mar 09, 1999 8:00 am Secretary of State 03-09-1999 90096 017 ***158.75

SILVER	FOX FARMS, INC.						
Principal Plac		Mailing Address	S .				
711 FREDA LANE PORT ORANGE FL 32127 711 FREDA LANE PORT ORANGE FL 32127						ر مر	⁻
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					05/01/1994		atind Cov
Principal Place of Business 2a. Mailing Address					4. FEI Number	— — ·	oplied For ot Applicable
21 26 Suite Act # etc					59-3248927	\$8.75	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	Fee Re	
22				·	6. Election Campaign Financing	\$5.00	
23 28 28					Trust Fund Contribution	_ Added 1	•
Zip	Country	Zip	Country		8. This corporation owes the current year		
24	25	<u>⊢</u> ¬ ' -	30		Personal Property Tax.	☐Yes	□No
241	9. Name and Address of Curre				10. Name and Address of New Register	ed Agent	
<u>' </u>			81	Name			
PENNINGTON, FREDA G				Charact Aried	ress (P.O. Box Number is Not Acceptable)		
711 FREDA LANE			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
PORT ORANGE FL 32127			83				
İ				<u></u>			
			84	City	F	EL 85 Zip (Code
12.	Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable. (NOTE: NO DIRECTORS	13.	nt signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition
NAME	PENNINGTON, ROBERT O		1.2 NAME				
STREET ADDRESS	711 FREDA LANE		1.3 STREE	TADDRESS			-
CITY-ST-ZIP	PORT ORANGE FL 32127		1.4 CITY-\$	ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition Addition
NAME	PENNINGTON, FREDASG		2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP	PORT ORANGE FL 32127		2.4 CITY-	ST-ZIP			
TITLE		☐ DELETÉ	3.1 TITLE			Change	Addition Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE	DELETE		5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		☐ DELETE	5.4 CITY-5	51-ZIP		☐ Change	Addition
TITLE	1	☐ DETEIF	6.2 NAME	}		□ Change	
NAME	İ		O.Z IVAVIE				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP