

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000053129 (0)**

1. Corporation Name
SILVEROAKS FARM, INC.



Principal Place of Business: **1080 SW 73RD ST RD Ocala FL 34476**
Mailing Address: **1080 SW 73RD ST RD Ocala FL 34476**

3. Date Incorporated or Qualified: **07/19/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3267643**
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **TROTTER, LINDA 1133 SE 18TH PL SUITE 3 Ocala FL 34471**
10. Name and Address of New Registered Agent: **81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83: 84 City: FL 85 Zip Code:**

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1. 1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: HICKS, MELODEE		12 NAME:	
STREET ADDRESS: 921 SW 73RD ST RD		13 STREET ADDRESS:	
CITY-ST-ZIP: OCALA FL 34471		14 CITY-ST-ZIP: Ocala FL 34476	
TITLE: Bryan C Hicks	<input type="checkbox"/> DELETE	2. 1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Bryan C Hicks		2. 2 NAME: Bryan C Hicks	
STREET ADDRESS: 921 SW 73 Street Road		2. 3 STREET ADDRESS: 921 SW 73 Street Road	
CITY-ST-ZIP: Ocala FL 34476		2. 4 CITY-ST-ZIP: Ocala FL 34476	
TITLE:	<input type="checkbox"/> DELETE	3. 1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3. 2 NAME:	
STREET ADDRESS:		3. 3 STREET ADDRESS:	
CITY-ST-ZIP:		3. 4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4. 1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4. 2 NAME:	
STREET ADDRESS:		4. 3 STREET ADDRESS:	
CITY-ST-ZIP:		4. 4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5. 1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5. 2 NAME:	
STREET ADDRESS:		5. 3 STREET ADDRESS:	
CITY-ST-ZIP:		5. 4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6. 1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6. 2 NAME:	
STREET ADDRESS:		6. 3 STREET ADDRESS:	
CITY-ST-ZIP:		6. 4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Melodee Hicks Date: 4/26/96 Daytime Phone #: 352-823-4548

CR2E034 (12/95)